

# CHEMIST & DRUGGIST

THE NEWSWEEKLY FOR PHARMACY

PHARMACY update  
MULTIPLE CHOICE QUESTIONS

8 February 1997

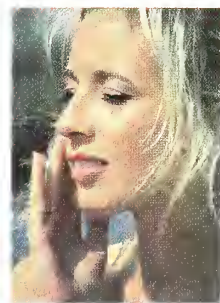
## NPA opposes Boots in Warrington

MAFF considers 10mg daily limit for Vit B6

Call for closer GP links on new OTC switches

Patients Association finally comes of age?

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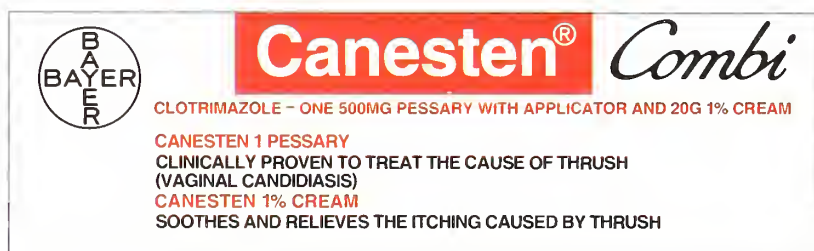
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**L**imitation of contract brought with it a set of guidelines which has evolved over the years in an attempt to keep abreast of changing retail and social patterns. When the guidance was first drawn up it did not envisage in-store pharmacies in supermarkets, nor pharmacies opening in out of town retail parks with no resident population. In pharmacy terms, the words 'necessary', 'desirable' and 'neighbourhood' take on meanings which a lexicographer might not recognise. The definitions have been tested in the courts, and a considerable body of case law guides the deliberations of health authorities and the FHS Appeal Authority.

The NPA's move to challenge the Appeal Authority's decision to allow an NHS contract to Boots at the Gemini Retail Park (see p 4) looks set to develop the case law a step further. Does a pharmacy have to be necessary to justify its existence? Is it sufficient only that it is desirable? Boots argued that the absence of a residential population is not sufficient reason to refuse a contract application. The case is unusual in that there was no dispute over the neighbourhood, the adequacy of pharmacy services, or even the commercial impact of the new pharmacy. The Department of Health, given that it saw contract limitation as one way of holding down the number of pharmacies, will be interested in the outcome.

The guidelines for new contract applications are being reviewed, but any progress since the PSNC fed its comments into the DoH last summer has been invisible. All parties involved in the cumbersome bureaucracy that now surrounds contract applications need to ask whether they are content for the guidelines to evolve by process of judicial review – costly, and time consuming – or prepared to take the chance that something more acceptable will come from a 'second edition'.

## CHEMIST & DRUGGIST

**Editor** Patrick Grice, MRPharmS  
**Assistant Editor** Maria Murray, MRPharmS

**Technical Editor** Fawz Farhan, MRPharmS  
**Business Editor** Guy L'Aimable, BA  
**Contributing Editor** Adrienne de Mont MRPharmS  
**Reporters** Charles Gladwin MRPharmS, John Plant MRPharmS

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**Production** Katrina Avery

**Associate Publisher** John Skelton  
**Group Sales Director** Ian Gerrard  
**Publishing Director** Roger Murphy

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# CHEMIST & DRUGGIST

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develop a higher profile in recent years,  
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# NPA challenges Gemini contract

The National Pharmaceutical Association, with one of its members, Moss Chemists, is to challenge a decision to grant Boots a dispensing contract at Gemini Park, north of Warrington.

The decision has caused concern because it appears to have been based not on the adequacy of pharmaceutical services, but on the "status and size of the company applying for the contract", says the NPA.

If left unchallenged, it could serve as a precedent for similar applications in retail sites around the country. The NPA has decided a judicial review is in the interests of members.

The original application was lodged with the Cheshire Family

Health Services Authority in August, 1995. It was turned down on the grounds that there was no resident population and nearby areas were adequately provided for. This decision was supported by the local pharmaceutical committee.

On appeal, and after an oral hearing in September, 1996, the FHSA's decision was overturned on the basis that the pharmacy was desirable, although not necessary.

'Desirability' appeared to have been arrived at on the basis of a number of fringe benefits associated with having NHS pharmaceutical services in the retail park, says the NPA.

The report of the hearing

referred to the availability of NHS dispensing as a 'bonus' to the primary visiting purpose.

The Appeal Authority's decision "disturbed" the LPC, according to its secretary Mr W McKieith. It suggested that any large multiple could open wherever it liked, he said.

Boots are building the store from scratch within the retail park, as part of a programme of openings in such locations.

The nearest pharmacy to the Boots store is at the Westbrook Shopping Centre, where there is a Moss store open seven days a week. The pharmacy draws much of its business from a five-strong GP practice in the centre.

While the appeal panel agreed

unanimously that it was not necessary to grant the application, it was split on the issue of desirability. In his casting vote, the chairman "felt the reference in the Cribbs Causeway judgment to 'rights' and the absence of a need for a residential population in the neighbourhood widened the scope for the health authority to conclude that an application should be granted to secure services on the grounds of desirability".

● South & West Devon Health Authority has rejected an application by Boots to open a dispensing-only pharmacy in Salcombe's Redfern Health Centre, on the grounds that it was not necessary or desirable.

## Barnet health enters new phase

Barnet High Street Health campaign has entered a new phase.

Sixty pharmacists – 40 contractors and 20 locums – have completed specialist training which equips them to advise on general health matters such as diet, exercise, smoking, diabetes, asthma and heart disease.

They will receive new consumer leaflets, a window sticker

announcing 'A health advice service you can trust' and updated certificates carrying the logo of Barnet Health Authority instead of the FHSA.

Pharmacists will now concentrate more on promoting the scheme to the public, says pharmaceutical adviser Mike Beaman. They will organise focussed window displays, starting with smoking cessation in March to coincide with No Smoking Day. The month long displays should attract more people into the pharmacy for advice, he believes.

The latest phase of the scheme is being financed from the health authority's £1 million a year primary care development fund. There are plans for a fifth wave of training for pharmacists who have not yet participated.

Shamin Damji, Barnet LPC chairman, believes the Barnet High Street Health campaign has been good for pharmacists. "It empowered us, and gave us cohesion and team spirit," she said. The benefit for Barnet residents was that pharmacists were all trained to the same standard and gave consistent advice.



Barnet LPC chairman Shamin Damji with Fiona Phillips, chairman, Barnet Health Authority.

## £1 billion in R&D funds available from DoH

The Department of Health is seeking applications from NHS providers in England for £1 billion of funding to carry out research and development.

This follows the creation of the NHS R&D Levy to allocate funding as outlined by the DoH. The funds will be in addition to normal financial allocations.

The deadline for bids is June 30, with the money becoming available from April 1998.

Health minister Gerald Malone says the system "will ensure that funding to support R&D reaches all NHS providers, including those in primary care settings who are involved in R&D".

PSNC secretary Stephen Axon says he has already written to the Department seeking confirmation that the funding would be applicable for pilot trials through pharmacies on a multicentre basis.

## Jury gives pharmacists advice

A citizen's jury in Sunderland recommended that pharmacists should give more advice on medicines and help GPs with prescribing, but did not want pharmacists to diagnose or initiate prescriptions (C&D last week, p4). Jurors also thought pharmacies should have private counselling areas but made no recommendations as to who should pay.

The lay jury spent four days considering how best to cope

with the local shortage of GPs. Members thought that health agencies should increase awareness of the services available locally through surgeries and pharmacies. They were not keen on the idea of nurse practitioners but supported salaried doctors and incentives to encourage GPs to practise in the area.

The health authority will hold a special meeting on February 22 to consider the proposals.

## Threats to Scottish pharmacists highlighted

Two-thirds of Scottish pharmacists feel threatened by the increased number of supermarket pharmacies, according to the results of a survey.

A similar figure of Highlands pharmacists say that their businesses would be under threat if Resale Price Maintenance was removed. All of the respondents favoured its retention.

The survey was carried out by the Liberal Democrat MP Charles Kennedy. He has sent questionnaires to all individual pharmacists, GPs, dentists and opticians in the areas covered by his Ross, Cromarty and Skye constituency, and Inverness West. Some 60 per cent of pharmacists responded.

Over 90 per cent of respondents had patients who forego medicines because prescription charges are too high. Less than a fifth opposed the trend of deregulation of Prescription Only Med-

icines, but the majority of the three quarters in favour qualified their support for the switch to P but not GSL status.

Mr Kennedy says that the findings are "remarkable" and adds "the Liberal Democrats' commitment to a freeze and review of available exemptions to prescription charges, funded through increased tobacco taxes, will feature prominently in the forthcoming general election campaign".

There was no positive support for the Department of Health's discounting scheme. Three quarters of respondents did not support it, while the remainder did not answer. There was also little support for the trend towards moving dispensaries into health care premises.

Two-fifths were in favour of having patients assigned to a pharmacy but only 17 per cent keep patient medication records.

# Vitamin B6 proposals opposed

The Council for Responsible Nutrition was meeting Ministry of Agriculture, Fisheries and Food officials this week to object to proposals limiting vitamin B6 in dietary supplements.

The Committee on Toxicity of Chemicals in Food, Consumer Products and the Environment has recommended that daily intake of the vitamin should not exceed 10mg, following reports that prolonged high intakes could cause nerve damage. MAFF is exploring the possibility

of a voluntary limit on levels of B6 in supplements plus additional information on labels.

But CRN's director, Maurice Haussen, said this week he was unaware of any new scientific evidence to support the concern. "If there is something we don't know about, we will be prepared to consider it."

He added that "enormous quantities" of vitamin B6 were consumed in the UK and there had been no adverse reports from toxicology units, so he

believed people were taking it safely and responsibly. The meeting this week, the first of a series, would discuss the 'considerable' commercial implications.

● *Health Food Business*, a magazine for the health food trade, is urging readers to write to MPs and MEPs opposing European law which could restrict high dose vitamins to pharmacies. Consumers for Health Choice has placed leaflets in health food shops, warning that many supplements could disappear.

# Tutors a factor in exam results

Pre-registration tutors could be a main factor in the problem of pre-registration students failing their qualifying exam.

This is one of the findings of the Young Pharmacists' Group, which is working with the British Pharmaceutical Students' Association to try to find out why pre-registration students are continuing to fail.

The study will be presented to the Royal Pharmaceutical Society's education department, and should be published within the next few weeks after the BPSA completes its part of the survey.

YPG publicity officer Sultan Dajani says that responses have been diverse, but the main criticism appears to be about tutors.

## Malone to open PIANA conference

Health minister Gerald Malone will be opening the 'Pharmacy in the New Age' conference, organised by *Chemist & Druggist*, on February 27 at the Royal Pharmaceutical Society.

For further details of the two-day 'Putting Pharmacy First in Customer Healthcare' conference, contact Cynthia Anderson Doble on 01732 364422.



Rival 'mum and baby' packs are launched - see Business News page 27

## Pill lawsuit expected soon?

A lawsuit by 160 women may be brought against three oral contraceptive manufacturers within the month.

A report in last week's *Sunday Times* says that the "multi-million pound" class action involves women who claim to have suffered side effects after taking combined oral contraceptives. However, Rosalie Houghton, the Hereford solicitor who is co-ordinating the claim, would not confirm the report when approached by *Chemist & Druggist*.

The pills named in the report are five of the seven against which the Medicines Control Agency issued a warning in October 1995.

The *Sunday Times* says the lawsuit will allege that 25 women died as a result of taking the contraceptives. Others named in the suit are claiming they suffered from side effects brought about by increased rates of blood clotting.

## Consultation on OTC H2 drugs is needed

Pharmacists and GPs are being urged to discuss together new over the counter medicines.

The call follows research showing that GPs may not be fully aware of how indications differ legally between prescription and OTC. They may be concerned by the strength of OTC products.

The authors of the report, published in this month's *British Journal of General Practice*, say that "the level of communication must increase to minimise the possible risks to patients associated with the continued reclassification of Pharmacy drugs".

The study was carried out by researchers from the United Medical and Dental Schools, London. It examined GPs' attitudes towards community pharmacists supplying OTC H2-antagonists.

Discussion between pharmacists and GPs over management of patients seeking OTC H2-antagonists "has been minimal" with only 6 per cent of GPs saying they had done this.

Although over half the GPs surveyed approved of H2-antagonists being made available OTC, only 4 per cent say they have changed their prescribing habits accordingly. The survey also found 10 per cent of GPs were not aware of the OTC availability of such drugs.

Masking of serious conditions or missed diagnosis was the main concern of 45 per cent of GPs over the availability of OTC H2-antagonists. However, only 5 per cent of respondents were concerned over the competence of pharmacists to give appropriate assessment or advice.

## Look out for this month's Update question paper

Enclosed in this week's issue is the questionnaire for **Pharmacy Update** modules carried during January:

- Calcium channel blockers (39)
- Stoma care (40)
- Dry skin problems (41).

**Pharmacy Update** is a distance learning programme and is accredited by the College of Pharmacy Practice. Previous modules can be obtained by using the faxback service on 0891 444791 (premium rates apply). Internet users can catch up by accessing the *dotpharmacy* site (<http://www.dotpharmacy.com>), which has a library of previous modules and questionnaires.

A telephone marking service is available for a fee of \$12.50 plus VAT. A certificate is issued to verify the number of hours of continuing education achieved.

**Pharmacy Update** is supported by *Johnson & Johnson MSD Consumer Pharmaceuticals*.

# NPA conducts second manpower survey

The National Pharmaceutical Association is to undertake further research into the shortage of community pharmacists.

A telephone survey last year showed that many businesses were having difficulty in recruiting pharmacy managers, but more extensive research is needed, the NPA says.

The Association "continues to be mystified" by the shortage of pharmacists, given that there is a year on year increase in the number registered.

A major factor is the large number of female graduates who subsequently take career breaks.

**New Board member** Richard Evans joins the Board as a representative for Wales, following the retirement of Richard Thomas. Mr Evans registered in 1976, having studied at the Welsh School of Pharmacy in Cardiff. He has owned Tysul Pharmacy in Cerefigion since 1984, and is also a member of the Dyfed Powys LPC.

**Resale Price Maintenance** NPA director, John D'Arcy, has been appointed chairman of the CPAG PR co-ordinating group. As the RPM issue has now moved into the legal arena, the opportunities for PR are limited, although low-level activity will continue to ensure the issue remains in the public eye.

The impact of this is to be investigated, and ways of encouraging women back into the workforce are to be explored.

**Prescription fraud** The NPA is to meet with the NHSE Efficiency Scrutiny Team, established recently to investigate the current level of fraud involving prescribing and prescription forms. Such teams are set up to review a particular issue quickly (usually within 90 days) but in depth, taking a fresh look at how systems can be improved.

The NPA remains strongly opposed to any attempts to require pharmacists to 'police'

**Exhibitions** The NPA will be exhibiting at the NAHAT health fair, and the Institute of Health Services Management conference (both in June), the Social Services conference in October and the National Association of Fundholding Practices conference in November.

**Chiropodists to supply POMs?** The NPA has told the MCA it is concerned about proposals to allow state registered chiropodists to supply adrenaline injections, co-dydramol, certain antibiotics and other POMs. It would be preferable for them to write prescriptions or signed orders, which would then be taken to a pharmacy to be dispensed, says the NPA.

prescription exemptions, an area that will receive close attention from the scrutiny team.

The introduction of any new procedures which are burdensome and expensive for the pharmacist, and which work against the interests of patients, will be opposed, the NPA warns.

**Primary Care Bill** The NHS (Primary Care) Bill had its third reading in the House of Lords on January 30. The PSNC has been assured by the health minister, Gerald Malone, that doctors involved in pilot schemes could not make arrangements for dispensing outside those provided for in current legislation.

An assurance has also been given that PSNC will be consulted on national issues relating to the development of pharmacy services, and LPCs would be consulted by health authorities.

**NPA advertising campaign** Twenty-two advertorials promoting community pharmacy were placed in consumer magazines last year. Opportunistic buying and negotiation by the PR department had achieved discounted rates of more than £100,000.

Twenty advertorials have been booked for the first half of 1997, again at significantly reduced prices. Some will feature a reader response mechanism to assess consumer awareness of the advertorials and the role of the pharmacist.

## RPM puts Pharmacy Week put on ice

The National Pharmaceutical Association wants to delay a decision on when to hold the next Pharmacy Week, pending the outcome of the RPM issue.

Last year, the Association had agreed with the other main pharmacy bodies to plan for a Pharmacy Week in 1998. However, the NPA feels that this is not practical while the campaign to save RPM on medicines continues.

The campaign is using up considerable resources in both time and money, and will continue to do so until the issue is settled. The NPA is recommending that a decision on when to stage the event should be put off, probably until next year.

This will not only help make funds available for a Pharmacy Week, but avoid weakening the impact of the RPM campaign.

## Astell memorial service

A memorial service for Tim Astill, former director of the National Pharmaceutical Association, will take place on February 17 at the Cathedral and Abbey Church of St Alban, Herts, beginning at 1.30pm. All are welcome.

## HEA advice on dental care

The HEA has issued three leaflets on oral health, containing new guidelines for infants, children aged three to 11 and adults. The HEA sees sugar-sweetened drinks in bottles as the principal cause tooth decay in infants.

## Nursing money

The health secretary Stephen Dorrell has launched a £32m initiative to recruit nurses and midwives, aid retention and assist trained nurses on career breaks to return to work. Around £2m of this has been set aside for GPs to promote practice nursing.

## Lice facts

Phenothrin was omitted from the drug management options for head lice in last week's Pharmacy Update on lice and scabies. The average diameter of nits should also have read 0.5mm, not 5mm.

## No developments on Milumil

Milupa says that investigations have found no physical evidence of *Salmonella anatum*, associated with last week's withdrawal of Milumil, at its French factory. Investigations are "now focusing on one day's production, as it could be an isolated incident involving one batch".

## Dorrell compromises on salaried GPs?

Health secretary Stephen Dorrell is expected next week to scrap plans to allow commercial interests – like pharmacists and supermarkets – to directly employ GPs.

The British Medical Association says it has won assurances from Mr Dorrell that he will table amendments to the NHS (Primary Care) Bill to explicitly rule out commercial links between GPs and a private sector employer.

The Bill, which returns to the Commons for its second reading on February 11, was strongly criticised in the House of Lords on January 30.

Lord Donoughmore, a Tory peer, said: "I am horrified that anybody suggests that commercialism should enter into a relationship between a doctor and his patient."

Junior health minister Baroness Cumberlege promised peers that the Department of Health was holding further talks with doctors' representatives to find ways of allaying their fears.



There was a record number of 33 entries for the Craft Award for the best OTC advertisement at the Pharmaceutical Marketing Society's awards last week. The OTC category was sponsored by *Chemist & Druggist*, and the winning entry was the Colgate (It's my first) advert produced for Colgate Palmolive by Paling Walters Targis. C&D's publishing director Roger Murphy congratulates Kate Bielby, account director and Anna Laity, business group director, from the agency

## Fitness to Practice Bill to become law before election

Junior health minister Baroness Cumberlege has welcomed the passage of the Pharmacists (Fitness to Practice) Bill, which received its second reading in the Lords on February 3.

She said the Government

wanted to "employ pharmacy skills more flexibly" and that it was vital that safeguards were put in place to ensure that patients were protected.

The Bill is expected to become law before the general election.

## PHARMACIST PEN PORTRAIT

## Gurnam Singh Bhogal



# Topical Reflections

## Just where do we stand with mefloquine?

The use of mefloquine as a prophylactic against malaria is once again under the spotlight after the news that a six-year-old girl has died from a rare reaction to the drug. Predictably, Anne Robinson has again questioned its safety on the BBC's consumer programme 'Watchdog'.

However, the provision of rational advice to travellers has now been totally compromised by the emotive fears generated by the programme's sustained campaign of criticism. This may be good news for the BBC's viewing figures but it does not make my life any easier.

It is easy for consumer programmes to inflame consumer concern because they do not have to deal with the consequences. In the case of mefloquine, the public are genuinely worried, but so far I have received no official guidance concerning the advice I should be giving, other than the NPA's six month malaria chart.

When offered a choice of one drug regimen or no drug protection the decision is simple, but when the safety of the preferred treatment is questioned, and the alternative is officially deemed less effective, then both the customer and myself are left

with an impossible choice. The only safe advice is not to travel but this is patently unacceptable!

Ultimately, the decision must lie with the traveller, but at the moment I feel impotent to provide the quality of information my customers expect from me as a professional. That fault lies firmly with the regulatory authorities who must now, as a matter of urgency, issue definitive guidelines about the use of mefloquine.

The alternative is a future 'Watchdog' programme highlighting the growing problem of deaths associated with unprotected travel to malarial regions!

## Unlikely bedfellows

It may be pure coincidence but before Unipath launched Persona exclusively through Boots, the company representative used to visit me every two months. I have now not seen him since last September.

It may have something to do with the strong letter of complaint I sent to Unipath regarding its distribution policy, a letter to which, needless to say, I never received a reply; or it may mean that the poor rep is so pressurised by training Boots staff that he no longer has the time to visit me!

Whatever the reasons, I am left with no representation, but the good news is that Unichem and Unipath have patched up their differences and will be co-operating in a training programme to be launched to Unichem customers in October (*C&D* February 1, **Business News**).

Excuse my cynicism, but is this not the company which, only a few short months ago, delisted all Unipath products

in a blaze of self-righteous publicity?

Unichem and Unipath have come to an accommodation of mutual self-interest. Before I reverse my policy of not stocking Unipath products, I would have to be convinced that the company has my true interests at heart. That process cannot begin until its representative treads the long, hard road to reconciliation, but this Unichem agreement may once again stretch Unipath's resources beyond the ability to provide this small independent with that level of service!

## Troubled times ahead for sleep aids

The older antihistamines have always caused drowsiness but recently they have been marketed as specific products to aid sleep. However, I am now seeing many repeat requests from both young and old, which suggests a growing dependency problem.

The problem with the young is probably associated with its cocktail use with other street drugs, and I now refuse to sell to this age group. But in the elderly, these drugs can equally produce problems of dependency and confusion.

Sedating antihistamines have a legitimate use as OTC medicines, but that use should be under the responsible control of the pharmacist. Advertising circumvents that control and in this case is producing a problem of dependency that would be best tackled by a voluntary advertising ban. The alternative could be regulatory controls, which would benefit neither industry, pharmacy nor customers.

● **Qualified** Graduated from The Welsh School of Pharmacy at UWIST in 1978 and did his pre-reg at the West Wales General Hospital, Carmarthen.

● **Career** After his pre-reg, Gurnam worked for R Gordon Drummond Ltd as a relief manager, before becoming a branch manager at the company's Porth branch, near Pontypridd. In December 1980, he started his own pharmacy in Rumney, Cardiff. In May 1994, he bought a new premise along the road from his pharmacy to expand into natural foods, herbal remedies, homoeopathic medicines, aromatherapy and sports supplements.

● **Projects** In the past three years, he has organised pharmaceutical help for Romanian children in orphanages and AIDS hospitals on behalf of the Rotary Club of Cardiff. His pharmacy claims to be the first in Wales to have supported the 'Have a Heart for Wales' campaign and supports Ty-Hafan - The Children's Hospice in Wales.

Gurnam is a founder member of the Self Assisted Post-Graduate Study Group in Gwent. He provides an 'alternative remedies' service for the local community. He is currently working with doctors on a practice formulary, and with a local surgery to improve the quality of healthcare in the community.

● **Committees** He is a member of the board of governors of Greenway Primary School, Rumney, and a member of the international committee of the Rotary Club of Cardiff.

● **Interests** He likes to play golf and takes regular lessons in Indian classical music. He regularly attends the local Sikh temple. He enjoys travelling with his wife, son and daughter.

● **Outlook on life** After 17 years in pharmacy, he believes that the hours are getting longer and the job more intensive. His motto is: "By all means work hard, but don't forget to enjoy yourself."

● **Pharmacy philosophy** If pharmacists are considered experts in medicines, they should be involved more with prescribing and be rewarded for the work they do.

# SCRIPTspecials

## Lipitor now available

Lipitor (atorvastatin), the new lipid lowering drug from Parke-Davis and Pfizer, is now available in the UK (*C&D* January 4, p12). Lipitor is licensed for use in a wider range of lipid disorders than existing statins, including elevated triglyceride levels. Pfizer is handling distribution. **Pfizer Ltd. Tel: 01304 616161.**

## Aerochamber on FP10

The standard Aerochamber device with mouthpiece is now listed in the Drug Tariff (basic NHS price £4.28). 3M Health Care has applied for the other devices in the range to be prescribable. **3M Health Care. Tel: 01509 611611.**

## Crispy Juvela

Juvela gluten-free crispbread has been relaunched with a softer texture and a new shape and size. The savoury taste has not changed. The crispbread is available in 210g boxes (retail price £2.01) with six packs in an outer. **Scientific Hospital Supplies Ltd. Tel: 0151 228 1992.**

## Nucare takes on Vividrin

Nucare has been granted exclusive marketing and distribution rights for Vividrin eye drops 13.5ml by licence holder Pharma Global. Vividrin Nasal Spray is being handled by Pharma. **Nucare plc. Tel: 0181 732 2772.**

## Lagap captopril

Lagap will be launching generic captopril on February 13 when the existing patent rights expire. Captopril will be available in 56-tablet packs in three strengths: 12.5mg (NHS price £10.56), 25mg (£12.03) and 50mg (£20.50). **Lagap Pharmaceuticals Ltd. Tel: 01420 478301.**

## Galen Keftid

Keftid Capsules are Galen's new branded cefaclor available in 250mg (21, NHS price £6.80) and 500mg (50, £54.15) strengths. **Galen Ltd. Tel: 01762 334974.**

## Ipratropium bromide

Bartholomew Rhodes has introduced its own range of ipratropium bromide inhalation solutions. The range comprises 250mcg/1ml ampoules (20, NHS price £6.75; 60, £20.25) and 500mcg/2ml (20, £7.95; 60, £23.85). **Bartholomew Rhodes. Tel: 01604 882626.**

## Geltears for longer lasting relief from dry eyes

Geltears is a new eye gel from Chauvin which gives longer lasting relief from dry eyes without blurring, a problem often associated with ointments.

Geltears carries a Pharmacy licence, but can be prescribed by doctors and ophthalmologists on the NHS. It comes as a clear, colourless gel containing 0.2 per cent w/w of the lubricant carbomer 940. The gel is indicated as a substitute tear fluid for dry eye conditions including keratoconjunctivitis sicca and unstable tear film.

One drop should be instilled into the conjunctival folds of

each affected eye three to four times a day depending on the degree of discomfort. It can be used by adults, the elderly and children, but it must not be used when wearing contact lenses.

Because the gel formulation does not blur vision to the same extent as ointments, Geltears can be used day and night. It also reduces overnight crusting around the eyes.

However, blurring may occur if too much gel is being applied. The effect may last for up to an hour. Blinking rapidly or manipulating the lower eyelid

will help to dislodge the gel film and restore normal vision.

Studies have shown that application of three to four drops of Geltears a day provides continued symptomatic relief in 80 per cent of patients. Liquid gels have also been shown to protect the eyes up to seven times longer than conventional eye drops.

The NHS price of one Geltears 10g tube is \$2.90 (retail price \$4.62). Once opened, the tube must be discarded after 28 days.

**Chauvin Pharmaceuticals Ltd. Tel: 01708 383838.**

## MEDICAL MATTERS

### Practical approach the best way to tackle heart disease

Encouraging children to become involved in sport and developing a 'food culture' are two practical ways of tackling the UK's high level of cardiovascular disease, it was suggested at the third Cardiovascular Disease Prevention meeting in London this week.

Dr Goya Wannamethee, from the Royal Free Hospital, presented research which showed that lean, non-smoking 50 year old men who take moderate exercise have double the chance (88 per cent) of surviving 15 years free of stroke, heart attack or diabetes, compared to overweight 50 year old smokers who take no exercise (41 per cent).

She pointed out that the risk factors – smoking, weight and exercise – were all modifiable, and more effective health promotion was needed.

According to Dr Andrew Ness, of Addenbrookes Hospital, Cambridge, the government should develop more of a 'food culture'.

After reviewing the literature on vitamin C and cardiovascular disease, Dr Ness concluded that trial evidence was uninformative, and that the results relating to fruit and vegetables were much more impressive.

There was "no convincing evidence for taking beta-carotene, vitamin C or vitamin E in supplement form, as fruit and vegetables have many other constituents which may have subtle interactions".

Dr Simon Thom, a lecturer in clinical pharmacology, showed how vigorous activity is not

needed to achieve a cardiovascular protective effect. Moving from light to moderate exercise, such as walking briskly, will help.

People starting with the lowest baseline of activity have the most to gain. In Britain this encompasses about 50-60 per cent of the population which, according to Dr Thom, "do little more daily exercise than breathing".

He estimated that the reduction in risk of myocardial infarction by moving from a sedentary to a more active lifestyle is between 35 and 55 per cent.

The good news is that overall rates of stroke and death from coronary heart disease are falling, although not as quickly as set out in the 'Health of the Nation' targets.

However, there is increasing prevalence of obesity, and although levels of smoking overall are on the decrease, among children (11-15) and young women it is on the up.

● People are not seeking medical help for heart attacks because they are dismissing them as indigestion, according to the British Heart Foundation.

A survey of 2,000 people showed they had problems distinguishing between the two conditions, both of which are accompanied by pain in the upper abdomen.

Although two-thirds of those questioned mentioned chest pains as a symptom of heart attack, and a third cited pain in the left arm, indigestion-like pain was not seen as a symptom.

## Wyeth vaccines target flu and pneumonia

Pnu-Immune and Bgriovac are two new vaccines from Wyeth Laboratories.

Pnu-Immune (one vial, basic NHS price \$9.94; 10 vials, \$99.40) is a polyvalent pneumococcal vaccine licensed for immunisation against infections caused by the 23 most common *Streptococcus pneumoniae* bacteria.

The vaccine may be given to those over two years in whom pneumococcal infection is common or dangerous. Re-immunisation should be considered after three to five years.

Bgriovac is an inactivated influenza vaccine containing three flu antigens prepared from the strains of virus recommended by the World Health Organisation. The vaccine comes in a pre-filled syringe with a basic NHS price of \$5.24.

The vaccine is suitable for adults and children of nine years and over. Re-immunisation should be considered annually. Vaccination of those allergic to chicken protein should be avoided.

**Wyeth Laboratories. Tel: 01628 604377.**

## Noctec no more

Bristol-Myers Squibb has discontinued Noctec capsules (chloral hydrate) and all supplies are now exhausted.

The company blames the decline in its use on the introduction of the newer hypnotics which have improved efficacy and safety profiles. Patients should be referred back to the GPs for alternative preparations.

**Bristol-Myers Squibb Pharmaceuticals Ltd. Tel: 0181 572 7422.**

AVAILABLE  
FROM YOUR  
LOCAL WHOLESALER

# ALL GENERIC COMPANIES ARE NOT THE SAME

ONLY ONE generic company now includes ranitidine tablets – the biggest and most exciting generic launch ever – as part of its ever growing range of high quality products.

Only one is now well on its way to being the largest generic company in the UK.

Only one is part of a pharmaceutical group that has been in continuous activity for more than 300 years.

And only one is committed to being number one by being your first choice.

There are many generic companies, but there is only one Generics [UK].



## Generics [UK] Ltd

*Committed to being your first choice*

Ranitidine Tablets BP Abridged Prescribing Information – **PRESENTATION** Coated Tablets containing ranitidine hydrochloride equivalent to 150mg or 300mg ranitidine. **USES** Treatment of duodenal ulcer (including those associated with *H. Pylori* infection), benign gastric ulcer (including those associated with non-steroidal anti-inflammatory drugs (NSAID's)), post-operative ulcer, Zollinger-Ellison syndrome, oesophageal reflux disease, long term management of healed oesophagitis and chronic episodic dyspepsia. Prophylaxis of gastro-intestinal haemorrhage from stress ulceration, recurrent haemorrhage from bleeding peptic ulcer, acid aspiration (Mendelson's Syndrome) and NSAID-associated duodenal ulcer. **DOSAGE AND ADMINISTRATION** **Adults:** Usual dosage is 150mg twice daily, orally morning and evening alternatively, a single dose of 300mg at bedtime. Duodenal ulcer, gastric ulceration and oesophageal reflux disease: treat for four weeks. In duodenal ulcer 300mg twice daily produces higher healing rates. Maintenance treatment of 150mg at bedtime is recommended for recurrent ulceration. Duodenal ulcers associated with *H. Pylori*: usual dose of ranitidine concomitantly with oral amoxycillin 750mg three times daily and metronidazole 500mg three times daily for two weeks. Ranitidine therapy continued for a further 4 to 6 weeks. Ulcers following NSAID's: usual dose for up to eight weeks. Prevention of NSAID-associated duodenal ulcer: treat concomitantly with NSAID therapy. Oesophageal reflux disease: treat for up to eight weeks. Moderate to severe oesophagitis: 150mg four times daily for up to twelve weeks. Continue with usual dose for management of healed oesophagitis. Patients with Zollinger-Ellison syndrome: 150mg three times daily increasing up to 6g per day as necessary. Chronic episodic dyspepsia: 150mg twice daily for 4 weeks. Non-responders and early relapses should be investigated. Patients at risk of acid aspiration: 150mg 2 hours before induction of general anaesthetic following 150mg the previous evening.

and for obstetric patients, at commencement of labour and six hourly thereafter. Prophylaxis of haemorrhage from stress ulceration or from bleeding peptic ulceration: 150mg tablets twice daily may be substituted for parenteral ranitidine once oral feeding commences. **Children:** Oral dose for peptic ulcer: 2mg/kg to 4mg/kg, twice daily to a maximum of 300mg per day. **CONTRAINDICATIONS, WARNINGS, ETC.** Patients with known hypersensitivity to any component of the preparation. **Precautions.** Exclude malignancy before therapy for gastric ulcer, or in middle-age patients with new or recently changed dyspeptic symptoms. Reduce dosage in severe renal impairment to 150mg at night for four to eight weeks, if ulcer is unhealed institute 150mg twice daily. Supervision of patients taking NSAID's concomitantly with ranitidine is recommended, especially in the elderly. Avoid in patients with a history of porphyria. Use in pregnancy and lactation only if essential. **Side effects:** Headache, dizziness, skin rash, occasional hepatitis, and with antibiotics, diarrhoea. Rare cases of reversible mental confusion, depression and hallucinations in very ill and elderly patients. Rarely, arthralgia, myalgia, acute pancreatitis, agranulocytosis or pancytopenia, leucopenia and thrombocytopenia usually being reversible. Hyper-sensitivity reactions, anaphylactic shock, rare cases of breast symptoms in men. As with other  $H_2$ -receptor antagonists rare cases of bradycardia, A-V block and asystole. **Pack size/Cost** 150mg 60 tablet pack £27.89 300mg 30 tablet pack £27.43. **LEGAL CATEGORY POM MARKETING AUTHORISATION NUMBER** Ranitidine Tablets BP 150mg PL 4569/0335. Ranitidine Tablets BP 300mg PL 4569/0336. For further information contact the Marketing Authorisation holder: Generics [UK] Limited, Potters Bar, Hertfordshire EN6 1TL. **DATE OF PREPARATION:** December 1996



# COUNTERpoints

## Sponsorship deal is a new experience for Wella

In Channel 4's largest sponsorship deal ever, Wella is to sponsor the popular TV show Friends.

The \$5 million deal is a major coup for Wella. The sponsorship starts on March 11 and continues throughout the year to include the new third series of Friends.

Each episode represents 35 seconds of exposure for Wella's Experience brand, reaching eight out of ten of Wella's Experience target consumers.

"No other programme is able to deliver to our target audience with the same degree of efficiency and size as Friends," says Robert Bartlett, executive director of Wella



Consumer Products Division.

"The contemporary lifestyle portrayed in the programme and its associated values could not be a better match for the Wella Experience brand of shampoos and conditioners. We are delighted to have sealed the deal."

This initiative will form a key part of the

\$11 million marketing programme planned for Wella Experience this year.

"Major investment is critical to success in the highly competitive haircare market," says Heather Cooper, marketing group manager at Wella Consumer Products.

**Wella Consumer Products Tel: 01256 20202.**

## Radical approach to tanning

Radical Tan is a complete tanning system for sunbed, the beach and after sun.

The range includes sunbed accelerators in sprays, gels and lotions. The applicators use a shake 'n' spray action which is designed to give maximum coverage and protection without oily residue.

Products have been formulated with a blend of exotic oils. Designed for all skin types, products range from SPF 4 to SPF 15.

Retail prices start at \$4.99 for after sun care, \$7.50 for sunbed sprays and \$8.99 for sun protection lotions.

**Radical Products UK. Tel: 0161 480 0212.**



## Fairy tale beginning from Woods of Windsor

Woods of Windsor has introduced an enchanting Flower Fairies range of perfumery products.

The collection embraces four of Cicely Mary Barker's Flower Fairies – the honey-suckle fairy, the jasmine fairy, the lilac fairy and the sweet pea fairy.

Perfumed products include fine English soap in an illustrated tin, foam bath, paper drawer sachets and a wallet of five paper drawer liners. Retail prices range from \$0.73 to \$5.50.

● This spring will see a new look for the entire Woods of Windsor toiletries range.

**Woods of Windsor Ltd. Tel: 01753 682382.**

## Smooth operator cuts hair growth

Bio Depilex is a range of products formulated to treat the skin and reduce hair growth.

Bio Depilex anti-perspirant/deodorant and Bio Depilex body lotion each contain a biological hair retardant which partially starves hair of the nutrients it needs for growth. Added moisturisers help to condition the skin.

The active ingredient in Bio-Depilex is a blend

of proteins, amino acids and plant extracts.

The anti-perspirant/deodorant comes in a traditional roll-on (\$4.99 for 75ml) or a cream formulation (\$4.49 for 50ml).

The body lotion is in two sizes – 100ml (\$7.99), and 200ml (\$11.99).

A compact counter display unit with header-card is available.

**Inverness UK. Tel: 01753 775515.**

## Launched on the crest of a wave

Algamine Nutritive Haircare is a range of shampoos and conditioners made from algae proteins and marine minerals.

Formulated for normal, fine or delicate and damaged hair, the products contain a blend of minerals such as zinc, copper, iron and

manganese to give hair body and shine.

The pack theme is a wave-shaped 'hook' which enables the product to be hung on a shower fixture.

The range is supported by a programme of intensive sampling.

**Brand Managers Ltd. Tel: 0181 286 6688.**



## Carex is awash with publicity

The Carex Personal Wash range from Cussons is on TV this month.

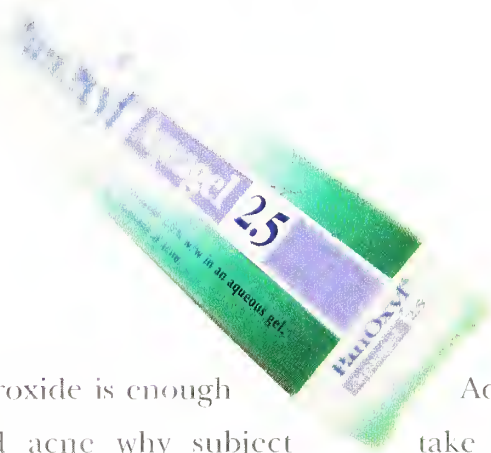
Part of a total support package of \$2.3 million, the commercial communicates the 'Healthy feeling skin' proposition offered by the range. A catchy

sound track helps make it more memorable.

A press campaign based on themes from the TV advertising will appear until April. This will feature 4.5 million coupons to generate trial.

**Cussons UK Ltd. Tel: 0161 491 8000.**

# Spots can't take it, but young skin can.



If 2.5% benzoyl peroxide is enough to deal with mild acne why subject sensitive young skin to twice or four times that amount? The message is getting through. GPs and dermatologists more and more are prescribing the PanOxyl

Aquagel 2.5 formulation. You can take appropriate action by making PanOxyl Aquagel 2.5 the first benzoyl peroxide you think of.<sup>1</sup>

**PanOxyl® Aquagel 2.5**  
Appropriate action against mild acne

In a clinical test, the incidence of irritation was less with PanOxyl Aquagel 2.5% than with the two leading 5 and 10% formulations (Data on File, Stiefel Laboratories Limited, 1996).

**Product Information.** Presentation: PanOxyl Aquagel 2.5 is an aqueous gel containing benzoyl peroxide 2.5% w/w. Uses: For the treatment of mild to moderate acne. **Dosage and Administration:** The gel should always be applied to the affected areas once daily. Washing with soap and water prior to application enhances the efficacy of the preparation. **Contraindications:** Patients with a known sensitivity to benzoyl peroxide should not use the product. **Caution:** Avoid contact with the mouth, eyes and other mucous membranes. **Side Effects:** If excessive irritation, redness or peeling occurs, stop using the product and consult a doctor. **Legal Category:** P. **Retail Price:** 10g £3.10. **Product Licence Number:** PL0171-001P. **Product Licence Holder:** Stiefel Laboratories (UK) Ltd, Holtspur Lane, Wooburn Green, High Wycombe, Bucks, HP10 0AU. **Date of Information:** October 1996.



**STIEFEL**

# Aromatherapy in the bath



Nelson & Russell is introducing a range of six aromatherapy bath and massage oils – Refreshing, Reviving, Balancing, Relaxing, Soothing and Sensual (25ml \$4.35).

The pure essential oils are blended in a natural vitamin E-rich carrier oil and are free from detergents.

A counter unit holds three of each variant and offers an introductory discount of 10 per cent (\$36.13 trade).

The \$80,000 launch concentrates on public relations, including

sampling and promotional offers. Editorials are expected to start from April to May in women's magazines and the regional press.

Marketing Director Anna Maxwell says the blends have been chosen as the most popular and easily used at home. Product names have deliberately been kept simple and there is a new in-pack leaflet.

Details are available from Nelsons territory managers or telesales.

**Nelson & Russell.**  
Tel: 0181 780 4200.

## Mates in matching pairs again

Mates Healthcare is to support its Mates condoms brand with a \$1.5 million advertising and public relations programme this year.

Consumers will again see the award-winning advertising campaign, which features matching pairs of shoes, toothbrushes, chairs etc. The images are designed

to represent the joys of intimacy and safe sex.

The advertisements will appear in key consumers titles and be displayed at poster sites around the UK. Liveried taxis, displaying the signature 'M' symbol, will be seen in Birmingham, London and Manchester.  
**Sutherland Health Ltd.**  
Tel: 01635 874488.

## Lemon Smint takes your breath away

Smint breath fresheners are now available in a sugar-free vitamin C lemon variety in a convenient, bright yellow pack which dispenses 40 pastilles (99p).

A \$1 million advertising campaign in magazines, posters and on TV, shows 'Ten ways to improve your Sminting technique'.  
**Chemist Brokers.**  
Tel: 01705 222500.

## Glicolift patches up wrinkles

Glicolift patch is a new product to counteract fine lines and wrinkles.

It combines the active ingredients of glycolic acid and plant collagen using a timed release transdermal delivery technique.

The soft, contoured adhesive patches are easily applied to the area to be treated. They contain no animal product and are not tested on animals.

A full facial kit, containing 24 patches for three full treatments, retails for \$29.95. Also available are lip zone treatments (six patches) and eye zone treatments (12 patches), which both retail for \$14.95.

**Zena Cosmetics (UK) Ltd.**  
Tel: 01285 640159.

## Bic to launch lager promotion

Bic is launching a new promotion on packs of single blade razors.

Purchasers of Bic Single Blade Razor and Single Blade Sensitive ten packs will be able to claim 25 per cent off the price of four 500ml cans of Carling Black Label.

A voucher worth up to 89p appears on offer packs (99p) available at the end of February.

**Biro Bic Ltd.**  
Tel: 0181 965 4050

## Get fresh with Frisks mini mints

Frisks sugar-free mini mints are new from Trebor Bassett.

The micro-tablets are designed to appeal to adult mint eaters seeking instant 'extreme freshness'.

Available in peppermint and eucalyptus flavours, the

mints comes in an easy-to-use oblong dispenser (isp 90p).

A free customer sampling unit is available.

The launch will be supported by a national TV campaign which kicks off in April.

**Trebor Bassett.**  
Tel: 0114 2855953.



## Advantage brushes up on sales

In an attempt to drive retailer sales, Oral B is backing its Advantage toothbrush with a \$1 million TV campaign this month.

The new commercial focuses on the product's benefits of ultra-fine and micro-textured bristles

designed for effective plaque removal.

The bristles are impregnated with Kaolin, a cleaning agent, creating microscopic cleaning bumps which triple the surface area of the bristles.

**Oral B Laboratories.**  
Tel: 0181 847 7800.

## ON TV NEXT WEEK

**Aquafresh Whitening:** U

**Advil:** C4, BSkyB

**Belle Colour:** All areas

**Benlyn Cough:** All areas

**Canesten:** C4, BSkyB

**Colgate Total toothpaste:** All areas

**Day & Night Nurse:** All areas

**Head & Shoulders:** All areas

**Ibuleve:** C4

**Johnson's Baby Breatheasy Bath:** All areas

**Just for Men:** All areas

**Karvol:** All areas

**Locketts:** All areas

**Movelat Relief:** B, G, Y, C, HTV, M, LWT, TT, C4

**Mu-Cron:** U, M, CAR, GMTV

**Nizoral:** All areas except Y, CTV, CAR, TT, GMTV

**Nurofen Cold & Flu:** All areas

**Panadol Extra:** U

**Panadol Night:** All areas

**Pantene:** All areas except GMTV

**Redoxon Slow Release:** C, A, HTV, W, M, LWT, CAR, TT

**Solpaflex:** All areas except U

**Strepsils Dual Action:** All areas

**Synergie (Vitamin Radiance):** All areas

**Toepedo:** C4

**Wash & Go:** All areas

**Wella Experience:** All areas

**GTV** Grampian, **B** Border, **BSkyB** British Sky Broadcasting, **C** Central, **CTV** Channel Islands, **LWT** London Weekend, **C4** Channel 4, **U** Ulster, **G** Granada, **A** Anglia, **CAR** Carlton, **GMTV** Breakfast Television, **STV** Scotland (central), **Y** Yorkshire, **HTV** Wales & West, **M** Meridian, **TT** Tyne Tees, **W** Westcountry

# Gaviscon Advance offers even more strength to combat heartburn

Gaviscon Advance is a new, improved liquid product that offers an advanced formula for heartburn available both over the counter and on prescription

Clinical trials have shown that new Gaviscon Advance gives highly-effective relief in 84 per cent of sufferers<sup>1</sup> by providing a stronger, longer-lasting barrier to the pain of heartburn than Liquid Gaviscon<sup>2</sup>. Yet it retains the same rapid onset of action. It has also been shown to be preferred by the majority of existing Gaviscon patients and consumers.

Gaviscon Advance is alginate-based, so it has a non-systemic mode of action, and therefore retains the same enviable profile of existing Gaviscon, so that it can confidently be recommended for use during pregnancy or breastfeeding.

New Gaviscon Advance is available OTC as a Pharmacy only medicine in a 140ml pack and on prescription in a 500ml bottle. It offers high ongoing POR of 35 per cent and is suitable for recommendation to customers first-line.

This launch demonstrates Reckitt & Colman's continued commitment to the pharmacy sector and to the belief that pharmacists and assistants play a vital role in the treatment of heartburn and indigestion, particularly in recommending the right product for the right condition. The launch is being supported by a national sales drive and representatives will be visiting your pharmacy soon.

## Heartburn

Heartburn is a very common complaint, affecting about half of the British population at some time. It is a painful and very uncomfortable condition, yet is frequently misdiagnosed and treated incorrectly. Sufferers may mistake heartburn for indigestion and use remedies that do not help alleviate the symptoms. Doctors are often not consulted, sufferers often seek advice from their local pharmacist or ignore the problem altogether.

The symptoms of heartburn are



really quite distinct and are represented by pain behind the breastbone, a 'burning' sensation in the upper torso and sometimes the presence of a sour-tasting liquid at the back of the throat. These symptoms occur when small amounts of stomach acid escape from the stomach and make their way up the foodpipe. Many people treat heartburn with a simple antacid remedy, which is often not effective at relieving their symptoms. Many others simply put their discomfort down to excess and suffer in silence.

## Who gets heartburn?

Some people are more likely to suffer from heartburn than others. A person is more likely to have heartburn if he/she:

- drinks a lot of alcohol
- smokes more than ten cigarettes a day
- overeats and/or is overweight
- is feeling stressed
- is pregnant.

General pressure on the stomach can also weaken the valve that separates it from the foodpipe, caused by simple things such as wearing tight clothing or even bending over to lift something.

## Heartburn can be avoided

There are a number of things that people can do to prevent heartburn:

- look at what they eat; some foods are more likely to lead to heartburn than others, including fatty and very spicy foods
- watch what they drink; too much

alcohol can cause heartburn

- drinking with meals tends to increase the pressure within the stomach and is best avoided
- avoid too much tea and coffee as they can aggravate symptoms
- if they smoke, they should try and cut down or better still give up
- avoid eating just before they go to bed at night and try eating smaller meals during the day
- if they suffer most at night, they should try raising the head of their bed or sleeping with extra pillows.

## How to treat heartburn

To understand the treatment of heartburn, you need to return to the actual cause of the problem, which is likely to be, in eight out of ten sufferers, a little acid in the wrong place, rather than excess acid. The simplest way to relieve symptoms is to keep the acid in the stomach where it works and out of the oesophagus where it hurts.

Gaviscon Advance is a new improved product that has been shown in clinical trials to deliver rapid and long-lasting relief in 84 per cent of patients suffering from heartburn. This efficacy is achieved because Gaviscon Advance works quickly to soothe the oesophagus, and then forms a stronger, longer-lasting barrier than original Gaviscon to keep acid in the stomach where it belongs, and away from the sensitive lining of the oesophagus. In trials, Gaviscon Advance is preferred by the majority of existing Gaviscon patients and consumers.

*Gaviscon and Gaviscon Advance are trademarks.*

## Gaviscon Advance

The Gaviscon name has a long-held and distinguished reputation. It is the most prescribed brand in the UK heartburn and indigestion market, with 5.6 million prescriptions written by doctors every year. The launch of Gaviscon Advance underlines Reckitt & Colman's continuing commitment to their customers, the pharmacy sector and heartburn relief. So, when customers ask for help, recommend new Gaviscon Advance for fast, effective relief.

## Gaviscon Advance Essential Information

**Gaviscon Advance Active Ingredients:** sodium alginate BP 1,000mg and potassium bicarbonate USP 200mg per 10ml dose. **Indications:** Gastric reflux, reflux oesophagitis, heartburn, including heartburn of pregnancy, hiatus hernia, flatulence associated with gastric reflux. All cases of epigastric and retrosternal distress where the underlying cause is gastric reflux. **Dosage instructions:** Adults and children over 12: 5-10ml after meals and at bedtime. Children under 12: Only on medical advice. **Contra-indications:** Hypersensitivity to any of the ingredients. **Precautions and warnings:** 10ml liquid contains 4.6mmol (106mg) sodium and 2.0mmol (78mg) potassium. **Side-effects:** Very rare hypersensitivity reactions. **Retail price:** 140ml, £3.90. **Marketing Authorisation:** 0063/0097. **Supply Classification:** Pharmacy Medicinal Product. **Holder of Marketing Authorisation:** Reckitt & Colman Products Ltd, Dansom Lane, Hull HU8 7DS. Gaviscon Advance and the sword and circle symbol are trademarks. **Date of preparation:** December 18, 1996. **References:** 1, 2. Data on file, Reckitt & Colman Products Ltd.

# Ceuta takes on Bayer's OTC range

Ceuta Healthcare has been appointed as the new independent pharmacy OTC division for Bayer Consumer.

Patrick Johnson, Director of Bayer Consumer, comments: "It is important for Bayer to find a specialist OTC pharmacy sales force to work alongside plans for our brand leading products, and to support our new product development programme."

Bayer's health product portfolio includes Canesten, Alka Seltzer and Autan.

**Ceuta Healthcare Ltd. Tel: 01202 780558.**



## New distributors

Brand Managers has been appointed to handle the marketing and distribution for the Trevor Sorbie haircare range and Dentazyme toothpaste.

**Brand Managers. Tel: 0181 286 6688.**

## Neutrogena support

The Neutrogena Norwegian Formula skin care range is being supported by a £1.2m TV, press and outdoor advertising campaign, which runs until mid March. The range is also backed by sampling and sponsorship of the 1997 Women's Polar Relay Team.

**Neutrogena (UK) Ltd. Tel: 01628 822222.**

## Sominex change

Seton Healthcare has bought Sominex, a night time sleep aid, from SmithKline Beecham Consumer Healthcare. All enquiries should now be made to Seton Healthcare.

**Seton Healthcare. Tel: 0161 654 6161.**

## Ethical appointment

Columbia Laboratories has appointed Ethical Research Marketing to market and distribute Replens Vaginal Moisturiser in the UK and Eire. **Ethical Research Marketing. Tel: 01797 224998.**

## Eden Extract

Eden Extract is made using olive leaves from manzanillo or mission olive trees, not from olive oil as stated in *C&D* February 1, p12. **Tigon (Biocare) Ltd. Tel: 01509 230797**



## TV trial for herbal treatment

Potter's is launching a regional campaign which trials TV as a suitable medium for herbal healthcare.

The commercial

features Tabritis, a herbal treatment for rheumatic pain and stiffness. It is being

screened on satellite channels by Telewest in the Granada broadcast region.

Potter's say this is a first for this product category and if the campaign is successful, it will be rolled out on a national basis.

The commercial is backed by advertising in the *News of the World*, *People's Friend*, *My Weekly*, *The Lady* and *Active Life*.

PR support will include phone-ins and reader competitions.

**Potter's Herbal Medicines. Tel: 01942 234761.**

## Popular lines at low prices from Numark

Numark has launched an 'everyday low pricing' policy on popular lines.

The scheme is designed to help change consumer perceptions that independent pricing on everyday items is high.

Brands featured in the scheme include Pampers, Pantene shampoo and Antex toilet tissue. Prices on these products will be comparable to the major high street multiples.

Each participating Numark shareholder will receive a support package which includes POS material, posters and bag stuffers.

To join the scheme, shareholders commit to an agreement to sell key products at the recommended prices set by the distributor and display the shelf edge barkers provided. **Numark Ltd. Tel: 01827 69269.**

## AAH Pharmaceuticals launches Hillcross ranitidine early



Customers of AAH Pharmaceuticals this week gained access to ranitidine a full five months before it comes off patent - thanks to a partnership between the AAH Pharmaceuticals' Hillcross brand and Generics UK.

Generics UK has obtained a licence which allows the sale of ranitidine from this month (February), and AAH Pharmaceuticals has secured a substantial amount of stock for Hillcross customers.

However, between now and July, when ranitidine comes off patent, stocks generally are expected to be extremely limited, only meeting about one-third of the expected number of generic prescriptions.

So to be as fair as possible to Hillcross customers, AAH Pharmaceuticals has devised a system whereby the more they spend on Hillcross products the more Hillcross ranitidine they can order.

Based on an allowance of 40 per cent, it means that for every £100 spent on Hillcross products in, for instance, February, the customer will be entitled to spend £40 on ranitidine in March.



## Solpaflex muscles in on TV

Solpaflex is back on TV for four weeks this month in a new £1.1 million campaign.

The animation highlights the frustration caused by musculo-rheumatic pain and carries the message that 'Solpaflex makes you feel human again'.

The campaign is designed to raise consumer awareness of Solpaflex as a first-line treatment for musculo-rheumatic pain.

Product support also includes POS window units and shelf edgers, muscle

and joint pain leaflets and a competition for pharmacy assistants which will run in March.

**Smithkline Beecham Consumer Healthcare. Tel: 0181 560 5151.**



# New president for ABDA as Sturzbecher steps down

Klaus Sturzbecher, president of ABDA, the umbrella organisation of German pharmacists, has stood down after 16 years in office. The owner of a pharmacy in West Berlin, Mr Sturzbecher was a regular commuter to the headquarters of ABDA near Frankfurt, from where he oversaw the reunification of German pharmacy. It was fitting, perhaps, that the last annual conference over which he presided was the first to be held in the former East Germany, in the city of Leipzig. At the time he gave no public inkling that, a few weeks later, he would not seek re-election.

His successor on January 1 was another pharmacist long active in professional organisations, Hans-Gunther Friese, who was the only candidate for the post. Mr Friese resigned after 10 years as chairman of the Federal Chamber of Pharmacists in 1994 for personal reasons, but remained as president of his local state association. In his first message as ABDA president, he pleaded to all those involved in matters of health to put patients' interests first.

After last autumn's elections, fewer women pharmacists will be serving on ABDA committees

for the next four years than at any time in the last decade. Despite making up 62 per cent of the profession and 83 per cent of all employed pharmacists, only two women have made it to senior positions in national or regional pharmaceutical associations.

A new organisation, Forum Leipzig, established at the end of last year, will appeal particularly to women, as its membership will be exclusively drawn from the 43,000 employee pharmacists rather than the 20,000 male-dominated employer pharmacists in Germany.

## A question of language

Since Germany's reunification and Austria's entry to the EU, German has become the most widely spoken mother tongue in the union, as 25 per cent of all citizens "sprechen Deutsch".

English comes second equal with French and Italian, all at 16 per cent followed by Spanish with 9 per cent.

However, as a second language, English is way ahead of the rest, with one in three EU citizens speaking or at least understanding it.

Comparatively few EU citizens over the age of 15 have German as their second language, as it is considered too difficult to master. Nearly 50 per cent believe English is the most useful language to learn after their own, with French the second choice.

# Doctors demonstrate as drugs budget reaches crisis point

On the annual National Day of Prayer and Repentance at the end of last year, prayer, as one newspaper put it, was the only avenue left open to many sick Germans. Doctors chose that day to close their surgeries to demonstrate against the threats from the health insurance schemes to dock their salaries if prescribing budgets were exceeded.

While the doctors' professional organisation disapproved of their actions, it issued warnings that drug rationing might be necessary and made recommendations on how members could radically cut drug costs in the remaining few weeks of the year. These included suggestions to use the cheapest possible generics and to prescribe only in the most essential cases.

This was unsettling to many

patients who, used to liberal prescribing on the part of their trusted doctors, were suddenly being assured that not receiving their usual drug would not harm their health!

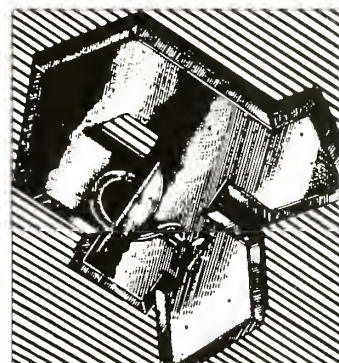
The insurers weighed in with a catalogue of proposed savings, including a sharp increase in the discount payable to them on the cost of drugs by pharmacists. According to Minister Seehofer, the insurers should not have set such a low drugs budget (equal to that of 1991!) and, in any case, overspends from the past two years could be compensated by more careful prescribing this year and the next.

However, he warned that the 9 per cent increase in outlay on drugs last year, although not as high as in other areas of health insurance expenditure, cannot continue. He pointed out that

only some regions of the country were affected. The southern most state of Bavaria, always the most independent-minded, stunned the nation by announcing that its health insurance schemes and doctors have agreed to a 5.6 per cent increase in the drugs budget for 1997.

Strangely, it is the former states of East Germany which appear to have the most generous prescribers. One government minister assured the German Lower House of Parliament that this was not because former East Germans had poorer health, but because their doctors prescribed more, with more expensive drugs than their colleagues in the West. This made the drug costs per head some 13 per cent higher.

The crisis in health funding is only one of a number of economic problems in Germany. The



president of one state pharmaceutical association recently pointed to the benefits Germans have become accustomed to. On average, a German worker has 28 days paid holiday a year, receives sick pay on 21 days, has 10 bank holidays and can apply for treatment at a spa once every four years.

# Open longer hours for less P cannabis crops up again

Since November, German pharmacies have been able to stay open until 8pm if they wish. Few rural or suburban shops open late, but city centre pharmacies and those with a high passing trade are having to balance increased business against extra staff costs. Another factor is whether local doctors hold evening surgeries or not.

Not only were prescription charges raised at the beginning of the year, but pharmacists were

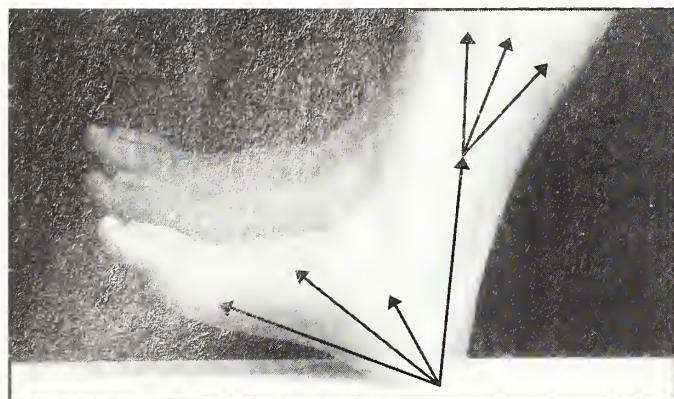
also faced with a major shelf-clearing exercise. Hordes of older preparations, withdrawn by manufacturers when their temporary "licences of right" finally expired, had to be removed from the shelves.

The manufacturers had enjoyed numerous extensions. However, many of them realised that their preparations were unlikely to satisfy the more stringent requirements of proven efficacy demanded today.

Despite strong opposition from pharmacists, an experiment to allow controlled amounts of cannabis to be sold in pharmacies seems likely to go ahead.

Three local areas have been earmarked for a pilot project in which participants will receive a 'passport' allowing them to purchase the drug. These passports will not contain any personal details, merely a code which will provide information on the consumption pattern of addicts.

Anyone older than 16 can apply for a passport over the scheduled five years of the experiment. This document will enable up to 5g of cannabis to be bought every day from pharmacies at a price, probably slightly higher than the black market rate, which will be fixed by a committee of policemen and drug addiction counsellors! Pharmacists in the proposed areas are anxiously awaiting a decision on the scheme.



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## Ill informed over pharmacy?

I was very disheartened to read the comments expressed by Chris Smith, Shadow Health Minister for Labour (*C&D* January 25, p3,4). Considering the fact that many eminent members of our profession were present at this conference and it was sponsored by a major pharmacy chain, it was surprising to hear no mention of the role of pharmacy in primary care.

Mr Smith cannot pledge his support to defend Resale Price Maintenance and ignore the input that pharmacists can have in the delivery of health-care. If his policies are vastly different from the Conservatives, then a future Labour Government must clearly spell out how it would utilise pharmacy to provide healthcare in the future, otherwise Mr Smith will lose credibility.

It is clear that pharmacy public relations in this respect has been ineffective, but, more importantly, Mr Smith has been ill informed with respect to pharmacy. The 'gist' of his policies seems to be that he is against GPs being employed by private organisations. Although he welcomes salaried GPs, why not extend this to other healthcare professionals, namely pharmacists? Furthermore, his views are akin to those of the present government, which talks at great lengths at the potential of pharmacists, but doesn't commit itself to pharmacy.

I wholeheartedly agree with Professor Alan Maynard that after the next election we will be looking at zero growth in the NHS budget, and I agree that pharmacists should be looking at being paid on a capitation basis. The profession is faced by bureaucracy and 'red tape' where there is favouritism

towards certain healthcare professionals.

The PR departments of all the major organisations in pharmacy should move into overdrive and vigorously promote the profession and its potential for the future.

**J D Khan**  
Rochdale

## Service - what service?

In June, 1996, we received a pre-sell of Opticrom plus bonus stock. Fine, except that one item was short delivered. On phoning Rhone-Poulenc Rorer customer services, they apologised and promised immediate despatch, which was never received.

The area rep turned up early in June, uplifted some damages and promised to send stock plus deal with shortages. By July, nothing received, I wrote to the area manager and did not even have the courtesy of a reply. Eventually, the matter was resolved to my satisfaction.

In October, the rep called, took an order and uplifted some stock for which replacement was promised. In December, I phoned customer services to enquire the status of both order and replacement. I was left on hold while the receptionist went to "find out". Being a busy month, I hung up and did not phone again, but would have expected a return call.

On January 4, I wrote to the managing director outlining the events above. Guess what? No reply to my letter.

How a firm could grow to such a size if this is how customer queries are handled is a mystery to me. We always had a good working relationship with the May & Baker and Fisons' sales forces, but this set-up with RPR is terrible!

**Ming Majeo**  
Tunbridge Wells



Pharmacists Martyn and Lesley Hammond have won a luxury weekend at a health resort in Bedfordshire, following their discovery of the two millionth Bazuka gel pack. The gold commemorative pack turned up in a regular delivery to their pharmacy in Boston, Lincolnshire. "It's great. We have had a hectic year and it will be brilliant to have a weekend where we can sit back and relax," said Mr Hammond. Mr and Mrs Hammond are pictured with Dendron representative, Mike Ward (left)

# Punching its own weight

The Patients Association made the news last month with the dismissal of its chief executive. However, this should not detract from the Association's vocal commitment to pharmacy. **Chemist & Druggist** profiles the PA's pro-pharmacy views

A cynic might think that the recent attention paid to the Patients Association is due to its organisational shake up. However, this should not overshadow the fact that PA is saying some positive things about pharmacy.

It believes that pharmacists should be able to prescribe; dispensing doctors are, perhaps, an anachronism and the pharmacist is the key to medicine supply.

Unfortunately, the PA's voice has not necessarily been heard in the right circles. A relaunch last November set out to change this.

Here was a charity that had been around since 1963, running a helpline, sitting on Government bodies, but with a relatively low profile. It was not taken too seriously in policy-making terms. Although there was token acceptance by the Government and ministers, it didn't have sufficient credibility to punch its weight.

Events leading to the relaunch included Dr John Spiers becoming chairman in November, 1995. He has set about developing a much higher public profile for the Association, starting by rebuilding the PA's council. It is now considered to be packed with people having expertise in healthcare, and with the patients' best interests at heart.

Since chief executive Guy Howland left last month, Dr Spiers, who is also health policy adviser to the Social Market Foundation and a member of the NHS Executive Patient Responsiveness Working Group, will be taking on a more executive role.

But the real interest lies in the support shown for pharmacy by the Association on behalf of all patients. It has taken an interest in pharmacists and prescribing.

The PA feels that one of the key things in the next few years will be the substitution of professions in different roles. If GPs are to develop a more specific role they need to have more time with certain patients.

## No prescribing

To free up some of their time, GPs could give way over prescribing. Research suggests that there is limited benefit in the doctor spending time seeing patients for repeat prescriptions.

So why pharmacists? Chronic

care could and should be managed more aggressively by pharmacists and nurses, says the PA. It is concerned that taxpayers are investing a lot of money in training a pharmacist who, five years down the line, is no longer motivated.

When pharmacists leave college, they have 90 per cent of what it takes, but lose expertise and confidence over the next five years. The question asked is how do you take middle-aged pharmacist retailers and retrain them to be prescribers?

Pharmacists need to stop being shopkeepers. The pharmacist has to be separated from the pharmacy – for example, there will be more pharmacists in the GP surgery in the future. The PA considers it important to focus around the role and not the setting.

As for how this will be achieved, the possibility of IT links between the GP and pharmacist may be more productive than putting the GP and pharmacist together.

Payment also has to be considered. If pharmacists become prescribers, they would be controlling the drugs budget. But there is a difficulty in persuading people that pharmacists should be paid for giving advice. One suggestion is to link remuneration to the pharmacist controlling expenditure on the drugs bill.

Another consideration is access to records. As the pharmacist takes on the extended role, the confidentiality issue

takes on more importance. In order to prescribe, the pharmacist will need access to patient records, but the PA does not foresee any problems with this as the public, generally, has a high regard for the pharmacist.

Whatever happens, pharmacist prescribing will completely change the role of the pharmacist. A phased introduction eventually leading to pharmacists prescribing all POM medicines is the aim. But the pharmacist must first start with repeat prescribing, not repeat dispensing.

The NHS (Primary Care) Bill going through parliament is "disappointing" in that it does not go far enough for pharmacists. The PA would like to see a proper discussion on how to turn the pharmacist into one of several prescribers, but it considers that the Primary Care White Paper did not address this.

People are becoming more demanding and are reluctant to take time off to see the doctor. The PA believes, however, they will like the convenience of being able to get a prescription directly from the local pharmacist.

The benefit of this will be to make healthcare responsive to what people want. Healthcare needs to be demystified. That healthcare should be able to give informed people what they ask for is one of the PA's tenets.

With a little knowledge patients can self-medicate and self-manage. By giving more information to the patient, the demand on the health service will also fall.

Another aspect is a preference for simplicity. A recent study indicates that where people are given choices, they will take the least invasive approach. Again, this makes the pharmacist the first choice.

The current changes in healthcare will affect pharmacists in a number of ways. The final check and dispensing role of the pharmacist will go, with suitably trained technicians taking over, the PA suggests, echoing the thoughts



THE PATIENTS ASSOCIATION

*listening to patients, speaking up for change*

of more than a few pharmacists. Community pharmacy should look to hospitals as places where pharmacists have already developed much more extended roles.

## Ignoring effects

On the subject of Resale Price Maintenance, the PA believes that those arguing for its removal have chosen to ignore the effects of pharmacies closing in deprived areas. Until satisfactory arrangements can be put in place, the Association would prefer RPM to stay.

It has supported the MCA's proposals to restrict paracetamol, prompting the question as to whether all medicines should be restricted to pharmacies. The PA is not a great fan of the General Sales List and will be looking at the GSL category.

But the notion of restricting medicines to pharmacies fits in with the general trend to self-medication, with easy access to advice. This is a way of empowering the patient, the PA believes and is keen that there should be more information on medicines for the public.

Finally, that bugbear of community pharmacy, rural issues. For the PA, access to the public is the most important thing. The public should stay out of inter-professional rivalries, which have nothing to do with the real role of doctors or pharmacists. Doctor dispensing is considered an out of date concept as the GP should not be spending a lot of time deciding how to dispense medicines.

From a patients' perspective, the frustration is over the professions arguing about who should do what.

A blow for the dispensing doctor, but also a salutary reminder that the health professions remain the servants of the public. Is the Patients Association punching its own weight yet?

*The Patients Association can be contacted at 8 Guilford Street, London WC1N 1DT. Tel: 0171 242 3461, or 0171 242 3460 (patient line).*



Dr John Spiers has tried to raise the PA's profile since becoming chairman in 1995

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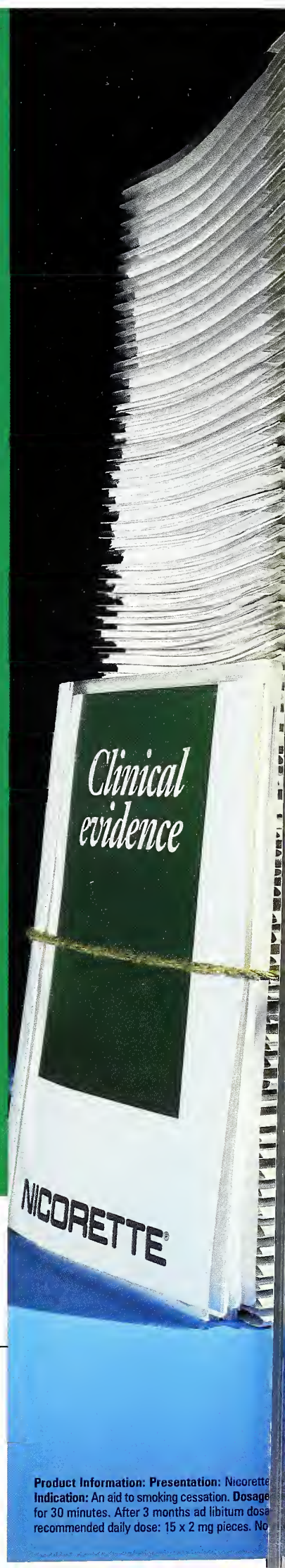
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# Smoothing away



**As we become more concerned with our looks as we grow older, Sarah Purcell takes a look at what's on offer in the fast-growing anti-ageing skin care market**

**Y**ou only have to flick through a glossy magazine to see that anti-ageing skin care products are booming.

There are several reasons for the anti-ageing success story: as a nation, we're getting older – the number of women aged 45-54 (key purchasers of anti-ageing creams) has risen sharply in the past decade, and manufacturers have cleverly targeted new skin care products at this group. The number of women in full and part-time work contin-

ues to rise, and they are more likely to be concerned about their appearance.

We are finally becoming more European in our attitude to looks – we're taking more care of our bodies with more attention to diet and exercise, and we're placing more importance on looks. Thanks to continual advances in medical science, we're likely to live longer than our parents and grandparents, but we're becoming less inclined to grow old gracefully. And, so long as the current rate of advances in cosmetic surgery and anti-ageing treatments continues, the desire to look as young as we can for as long as we are able can only get stronger.

## Hope in a jar?

While none of us expect a cream to get rid of our wrinkles overnight, evidence suggests that more of us are choosing products which have anti-ageing

claims. According to market researchers Mintel (Facial Skin Care 1996), 15 per cent of women bought a moisturiser for its anti-ageing claims, compared with 9 per cent in 1994, while market researcher IRI says 30 per cent of branded moisturiser sales are for anti-ageing products.

Elida Fabergé category manager for skin care, Verity Mann, estimates that anti-ageing products now account for about 8-9 per cent of skin care sales. "It seems everyone is latching onto the anti-ageing message. However, some manufacturers have simply repositioned their products as 'anti-ageing' rather than actually reformulated them."

The company divides skin care consumers into three categories:

Functional: spend little on skin care and will use whatever product comes to hand. They don't believe anti-ageing claims.

Precious: like nicely packaged products, are not brand loyal and

are willing to try new lines. They like the idea that anti-ageing products work.

Agonised: the real 'hope in a jar' brigade. They believe a product has to be expensive to be effective and if they spend \$40 on a pot of cream then they will certainly believe it works!

At Beiersdorf, category manager Jo Edwards says: "The anti-wrinkle market potential is theoretically very large since we are an ageing population. However, for many there is a psychological barrier to using an anti-wrinkle product. What is interesting is the fact that many more women at a much younger age recognise the need to use some form of protection against the elements which will help the anti-ageing process and therefore potentially delay the use of an anti-wrinkle product."

Following the EC Cosmetics Directive, which came into effect in January, all manufacturers

# the years

now need proof of any claims they make for cosmetic products, and that includes anti-ageing creams. "Over-claims for skin care products have been a problem in the past," says Verity Mann. "But this has greatly improved now, particularly in the mass market. However, I don't think British women are taken in by unrealistic claims."

## AHA invasion

Alpha hydroxy acids (or AHAs) have been heralded as the skin saviour for the past few years, and virtually every skin care range now has an AHA product. In fact, AHAs are nothing new – they've been used by women for centuries to improve the appearance of their skin. Cleopatra used to bathe in goat's milk, which contains lactic acid, while Marie Antoinette used to wash with red wine, which contains tartaric acid. Today, these acids are produced synthetically, which makes them less irritating than the natural sources.

AHAs work by exfoliating the outer layers of the skin, encouraging the skin to renew itself more quickly, and therefore become smoother and firmer. The most effective acids for treating wrinkles are glycolic acid and lactic acid, but the efficacy of a cream will depend on the concentration used. The higher the concentration, the more effective it is, but this can also result in irritated, dry and flaky skin.

There is concern that over-use of AHAs can make the skin more sensitive to sunlight and allow more intense skin penetration by other cosmetics, which in turn could lead to further irritation. Suri Patel, director of Giorgio J, which retails Roche's Retinol range in the UK, says: "I think that we'll see AHAs replaced by something else in the future because of the controversy surrounding them. In the USA, consumers have sued manufacturers for the problems they've had from using AHA creams, and as a result some companies have been put off producing them."

At Beiersdorf, Jo Edwards says: "AHAs will continue to be around in the foreseeable future

with the focus shifting to incorporating acids that have a very low irritation level, even if used in high concentrations. However, consumer understanding of how AHAs and, indeed, other advanced ingredients work is still very limited."

At Elida Fabergé, Verity Mann says the AHA explosion has calmed down significantly. "This is what tends to happen in skin care – everyone picks up on one thing, then after a couple of years it just becomes standard and they move onto the next development." She believes that about 10 per cent of skin care ranges now include AHA products.

## Vitamins gain ground

Products which contain vitamin A derivatives to combat lines and wrinkles are becoming increasingly popular and this trend may well filter through to the mass market sector. It all began when patients who were using the retinoic acid preparation Retin-A to treat their acne found that also has a beneficial effect on wrinkles and skin tone. This was later substantiated by scientific studies.

A Prescription Only product, Retin-A has now been superseded by Retinova, produced by Ortho Pharmaceuticals (private prescription only), which claims to be better suited to drier, mature skins. The main problem with tretinoin creams is that they make the skin hyper-sensitive to sunlight, so sun protection must always be used. They can also make the skin sensitive to other cosmetics.

The success of Retin-A and Retinova has led to a number of new OTC creams based on vitamin A. The newest include Roc's Retinol Actif Pur range, Elizabeth Arden Skin Illuminating Complex, Roche's Retinol range, Vichy's LiftActiv and L'Oréal's Plenitude Revitalift Night.

However, some retinol creams don't contain enough vitamin A to be of benefit, says Suri Patel. The Retinol Vitamin A Skin Care range contains 400,000 iu of vitamin A.

The benefits to skin from taking vitamin C internally are well known, but until recently its use

externally in skin creams has been unsuccessful, since vitamin C is so unstable. But new technology has come up with a way of trapping pure vitamin C and keeping it intact until it reaches the skin.

The first company to do this was Helena Rubenstein with its Force C Daily Re-activating Cream, and others include Guerlain's Issima Success night cream and most recently La Prairie's Cellular Defence Shield SPF15. This product claims to neutralise the effect of free radicals with a blend of ten anti-oxidants, including pure vitamin C. Packed in a hermetically sealed ampoule, the vitamin C is kept intact in powder form until needed, when it is dissolved in the liquid to become active.

And it's not just in premium-end products. Nivea Visage Optimal contains a multi-vitamin complex, including stabilised vitamin C, to protect and support skin elasticity. More vitamin C-based products are likely to follow in the future.

Jo Edwards believes vitamins in skin care products have been so successful because they are something that consumers can relate to. "This illustrates the trend towards comprehensible ingredients but still with advanced benefits," she says.

Verity Mann says that although vitamins in skin care are certainly a big story, she's not convinced that they can do as much as some believe. "The thinking behind it is that we know vitamins are good for our bodies, therefore if we apply them to our skin then they must do it some good, too. However, the skin is basically watertight and designed to stop things getting inside it." However, she admits

that retinol, the vitamin A derivative, does penetrate the epidermis and appears to make changes to the skin.

As well as creams and lotions to combat ageing, we've seen a number of supplements which claim to fight wrinkles from the inside. These include Perfectil, a blend of anti-oxidants, vitamins, minerals and plant extracts; Imedeen, combining marine extracts with vitamin C and zinc to help sun-damaged skin; and Nourella, based on marine extracts, vitamins and organic silica to help restore levels of collagen, elastin and moisture.

## Sun and wrinkles

About 80 per cent of lines and wrinkles are caused by sun exposure. The sun's rays penetrate the lower layers of the skin, damaging the skin cells and gradually destroy the supporting network of collagen and elastin fibres, causing the skin to slacken and wrinkle. Dr Susan Mayou, consultant dermatologist at the Lister hospital, says: "How your skin ages depends on several factors, including genetic influences, your skin type and colour. But damage from sun exposure is likely to become apparent from your late 20s onwards."

All dermatologists agree that the best anti-wrinkle treatment of all is prevention, and that means protecting your skin from the sun every day, not just in high sum-



Picture courtesy Boots No 7

Continued on P22 ►



The latest anti-ageing product from La Prairie is Cellular Defence Shield. With an SPF15, it contains a blend of ten anti-oxidants to neutralise the ageing effect of free radicals



A recent clinical trial on Norella tablets and cream, which involved measuring skin thickness by ultrasound, found an improvement in texture, elasticity and firmness



Pharma Nord has introduced Q10 Energising Cream, which contains ginkgo biloba extract and vitamin E to help protect skin from free radicals

◀ Continued from P21

mer. Evidence suggests this message is filtering through – according to Mintel, 25 per cent of women chose a moisturiser with sunscreens last year, compared with just 15 per cent in 1994. Many moisturisers now contain UV protection, but often these are not high enough – dermatologists recommend we use an



The L'Oréal Retinol Vitamin A skin care range from Roche contains a high concentration of vitamin A. Products include Extra Strength Cream, Sunscreen SPF20, Maximum Eye Gel and Retinol Vitamin A Lotion with Alpha Hydroxy Fruit Acids

SPF15 sunscreen every day, and we should protect our skin from UVA as well as UVB rays.

## Anti-ageing news

Roche is extending its new L'Oréal Retinol range in the summer with a body firming lotion containing vitamin A. Next month, the company is offering a free trial sized Retinol with purchase of the full-size pack.

Proctor & Gamble has extended its Oil of Ulay range with the Daily Renewal cleansing range, which has anti-ageing and cleansing benefits. The range includes Daily Renewal Cleansing Milk, Toner and Facewash.

New from Beiersdorf is Nivea Visage Firming Day Creme with Natural AHA Complex, containing lactic acid, passionflower and lemon to speed up renewal of skin cells. In addition to the innovative Optimale triple phase emulsion, which gives longer-term moisturisation, there is now Optimale Triple Performance Eye Creme, designed to combat the signs of ageing. As well as lactic acid and panthenol to speed up cell renewal, it contains vitamins C and E, and UV filters.

Cosmetique Active has introduced LiftActiv to its Vichy range, which claims to firm skin and reduce wrinkles in a month. It includes vitamin A, aminokine, a soya protein which is said to stimulate the production of glycans, which helps to reinforce elastin and collagen fibres, which support the skin. It also contains UVA and UVB filters.

New to the UK is Longevite. Containing pure vitamin E in high concentration to protect skin from free radical damage, products include Longevite Night Cream, Exfoliant, Day Cream SPF25, Lip Protectant and Body Lotion.

Ahava Advanced contains a mineral skin Osmoter, an active complex to help the skin repair itself. The range includes Ahava Advanced Mineral Beauty Serum, Moisturiser, Replenisher and Beauty Masque.

New from L'Oréal is Plenitude Revitalift Night, which contains pro-retinol A to smooth wrinkles and a vegetable protein, par-

elastyl, to improve skin firmness.

Roc Retinol Actif Pur guarantees a visible improvement in wrinkles within 12 weeks. Containing retinol and vitamin E, the day cream has an SPF8. Also new is Eye and Lip Contour Cream.

Zena Cosmetics has introduced Glico-Lift patches, containing glycolic acid and a collagen plant protein which are



Nivea Visage Anti-Wrinkle Creme has been relaunched with an improved formulation containing vitamins A and E

slowly released into the skin to promote cell renewal and reduce wrinkles.

Pharma Nord has introduced Q10 Energising Cream. Containing ginkgo biloba extract to help strengthen the skin and improve circulation, thus increasing cell renewal, the formulation also includes vitamin E to combat free radicals.

# All dried out

Dry skin affects nearly 20 per cent of the population. It ranges from flaky patches on the cheeks and chapped hands in winter to more serious conditions such as eczema and psoriasis. **Jane Watts**, dermatology nurse practitioner at Redbridge Healthcare Trust, chair of the BDNG and RCN SIG (Dermatology), examines the condition and offers advice on its treatment

**D**ry skin is a common problem. It becomes dry when the water content of the epidermis is reduced. The normal mechanism for retaining water relies on sebum excreted from the sebaceous glands in the dermis. Sebum, a mixture of fatty substances which form a film over the epidermis to lubricate and waterproof the skin, is discharged into the upper part of the hair follicle. If something goes wrong with this process, water is lost from the skin and it becomes dry.

There are many causes, including eczema, psoriasis and ichthyosis. The disease process in these conditions alters normal skin production and function, resulting in very dry skin. There are other, more simple, external causes, such as hot, cold or windy weather, central heating, strong detergents and soaps. Poor diet can also affect skin.

Hormone imbalance can be another cause. Some women suffer from dry skin pre- or post-natally, while others experience it at the time of menstruation. Women can also suffer after the

menopause, when lack of oestrogen causes changes in the collagen in the skin.

As we age, our skin has a tendency to become drier – even those who have had an oily skin. Itchy skin in old age is often caused by dryness and can be relieved through a simple moisturising routine.

## Self-help

Dry skin is not just a cosmetic problem. As well as looking flaky and red at times, it can be itchy. Scratching can make it sore and lead to infection. There are general measures that can be taken to combat dry skin:

- avoid extremes of temperature
- keep well wrapped up on cold windy days
- keep atmosphere humid, with humidifiers or bowls of water placed in the room
- don't have the bath or shower too hot, or soak for more than ten minutes
- avoid strong soaps, bubble bath and bath cubes
- use a good moisturiser

Continued on P24 ▶

# Any body can suffer from the discomfort of problem dry skin ...

Announcing the UK launch of Eucerin — a new range of dermatological skincare products, specially formulated to provide effective relief from problem dry skin.

Established successfully in countries around the world, **Eucerin** is the number one dermatologist recommended product in the USA for dry skin conditions.\*

Containing urea, a natural moisturiser found in healthy skin, Eucerin is available as a lotion, cream or shower therapy to suit the individual dry skin sufferer.

Eucerin will be supported by a **£1 million launch campaign** including heavyweight sampling, consumer and health professional promotion, high impact point-of-sale material, and an extensive P.R. campaign.

Ensure **you** have stocks of Eucerin to meet consumer demand, and place an order through your Dendran representative.



## Eucerin®

DERMATOLOGICAL SKINCARE

**DRY SKIN**



... relieves the discomfort of problem dry skin



Eucerin is a new range from Beiersdorf designed for problem dry skin. Containing urea to maintain the moisture balance of the epidermis, there are four products in the range



Cetaphil is a non-irritant cleansing lotion from Galderma especially designed for dry, irritated and sensitive skins. The company will be promoting their Calmurid dry skin treatment with a new campaign this year



Lotil Cream is a non-greasy formulation which is suitable for dry skin conditions. It also contains a bactericide and a fungicide to guard against infection



Cetraben products are designed for dry skins and are free from soap, perfume, colour and lanolin

◀ Continued from P23

- protect skin with clothing and sunscreens in sunny weather.

## Treating dry skin

There is an extensive range of products available to treat and prevent dry skin. Moisturisers are the most helpful. In fact, mild cases of eczema and ichthyosis can be controlled with moisturisers alone, and it has been shown that patients with psoriasis can reduce soreness, redness, scaling and sometimes lesion expansion with twice daily application of moisturisers.

- Emollients (moisturisers) consist of oils, fats and waxes, mixed into an emulsion with water. However, the water evaporates quickly on the skin and has nothing to do with the moisturising effect. Emollients work by soothing and hydrating the skin, but their effects only last for one to two hours and they need to be reapplied frequently. The most effective emollients have the lowest water content and rely on their occlusive effect, but thick, greasy emollients are not suitable for everyone.

An individual may need more than one product; for example, a lighter one with a higher water content for the day and a heavier, higher fat content product to use at night. As a general rule, the drier the skin, the higher the fat content needed.

Emollients applied directly to the skin come as creams, ointments and sprays. Lighter creams, such as aqueous cream, have a high water content, are easy to apply but do not have such a strong moisturising effect. Aqueous cream is only effective in mild cases of dry skin, but has a role as soap substitute. A product such as this can be used instead of shaving soap.

Manufacturers add extra oils to products to give a greater moisturising effect. Ultrabase, Alcoderm, Unguentum Merck, Oilatum gel, Lacticare, Diprobace, Dermamist, Epiderm and Cetraben contain light liquid paraffin or white soft paraffin. Aveeno uses the moisturising

effect of refined white oatmeal, where as Oilatum cream and Hydromol have Arachis oil as a key ingredient. Lotil Cream also contains an anti-bacterial and a fungicide to protect skin from infection, as well as hydrate it.

The hydrating agent, urea, which is said to bind water into the skin, is included in Eucerin, Calmurid cream and Nutraplus. Neutrogena Norwegian formula contains the moisturising agent glycerine. Efamol, from the makers of Efamol, contains 5 per cent evening primrose oil to help prevent water loss and improve skin softness. Vaseline Intensive Care Derma Care lotion contains natural lipids for improved moisturisation and is hypo-allergenic.

Dermamist is promoted as the only moisturiser in spray form, and is especially useful for parents who need to quickly moisturise a child's skin. E45 and Diprobace are two of the products available in a pump dispenser, preventing debris from the hands being left in the pot.

- Bath oils work by leaving a film of oil on the skin surface after bathing. Some manufacturers add other active ingredients. For example, Oilatum Plus has an antibacterial agent, useful where infection is suspected. Balneum Plus is an anti-pruritic bath oil, laurmacrogols have an anaesthetic effect on the skin surface which soothes itching. Infaderm is lightly perfumed and especially promoted for children. E45 Bath will soothe and moisturise dry skin, and Cetraben bath oil is a clear, colourless bath additive. With all, care must be taken to avoid slipping in the bath.

Other manufacturers make products suitable for the shower, such as Oilatum shower gel, and products such as Wash E45, and Cetraben Wash can be used in bath or shower instead of soap. Revlon have launched a new Dry Skin Relief range, including a shower gel.

- Soaps that are alkaline can upset the delicate pH balance of the skin, strip it of natural protective oils and lead to further dryness and irritation. Patients with dry skin should use a mild



soap or a soap substitute with a neutral pH level. These include Dove Extra Sensitive cream bar, which contains 25 per cent moisturising cream, Neutrogena Cleansing bar and Simple soap.

## Sensitivity test

Some of the additives in the products can be sensitisers. Many manufacturers indicate that their products are free of additives such as fragrance lanolin and certain preservatives. If the skin is sensitive, it is always worth trying a small patch of product on the forearm.



New research carried out on Efamol moisturising cream found that use of the cream compared to a moisturiser without EPO led to a 20 per cent improvement in skin smoothness and softness

# Strength to strength

Sarah Purcell studies the ever-expanding market for skin care products

**S**ales of skin care products increased by 11.3 per cent in the last year (Taylor Nelson AGB Super Panel, year end 15/12/96), compared with a rise of 4 per cent in the previous year. Moisturisers, and in particular those with anti-ageing benefits, continue to drive the market forward, with new ingredients such as AHAs, vitamins and ceramides injecting interest.

Moisturisers are by far the largest sector, accounting for about 60 per cent of the market (Mintel), and saw sales of \$124.9m last year (TN AGB), representing a rise of 14.5 per cent. Between 1991 and 1995 this sector saw an increase in sales of 30 per cent (Mintel). With such stiff competition, moisturisers now have to work much harder to earn their place on the shelf and it's rare these days to see a new product that doesn't have at least one 'extra' benefit. These benefits range from anti-wrinkle claims, longer-lasting moisturising agents and AHAs to speed up cell turnover, to anti-oxidant vitamins and sun protection.

In the past year, we've seen countless launches into the moisturising sector. These include Synergie Vitamin Radiance, combining fruit AHAs with vitamins E and B5 which claims to improve skin radiance. Max Factor's Dual Effect Protective Moisture Cream is said to give good hydration as well as protect skin from sunlight with an SPF15. Max Factor Dual Effect Clear Daily Hydration is said to both moisturise skin and prepare it for make-up application. And for the 47 per cent of women who have oily skin, Plenitude Hydra-Matify All Day Shine Control moisturiser claims to absorb excess sebum to ensure skin remains shine-free all day.

Cleansers are worth \$106.6m and grew by just 2.1 per cent last year, accounting for about 20 per cent of the market. In the past few years, traditional cream cleansers have come under pressure from newer wash-off gels and lotions as well as soap-substitute bars such as Dove. However, cleansers are now starting to benefit from technology used in moisturisers – AHAs have been incorporated in Oil of Ulay, Pond's and Boots no7 ranges.

There's still plenty of mileage in the sensitive skin story, with some 4 million women in the UK claiming to have sensitive skin, says Garnier. The company has

extended its successful Nutralia range, designed for sensitive skins, with a range of facial cleansing products including Gentle Cleansing Water, Refreshing Cleansing Gelee 2 in 1 and Ultra Gentle Eye Make-up Remover.

The Innoxia brand, originally launched in the 1920s, has been relaunched. Still positioned for sensitive skins, the range now includes ten products, with active ingredients including vitamins A, B5 and E. New to the Simple range is Eye Zone Benefits cream, formulated to reduce dark circles and puffiness, but without irritating skin. All Simple products now carry a full ingredient listing.

Toners and astringents account for just 7 per cent of facial skin care sales, worth \$12.7m (TN AGB), and saw a decline of 7.6 per cent last year. Since 1993, this sector has remained stagnant and is not expected to grow in the near future.

The fast growth witnessed in the facial scrub and wash sector in the early 90s has now slowed. Mintel attribute this to the fact

## Top three brands

### Moisturisers

Oil of Ulay  
Plenitude  
Synergie

### Facial washes

Oil of Ulay  
Johnsons pH 5.5  
Synergie

### Eye care

Plenitude  
Oil of Ulay  
Synergie

### Cleansers

Oil of Ulay  
Synergie  
Anne French

(IRI Infoscan, yr to 1/12/96)

that most of these products are only intended for occasional use, so the replacement rate is slow.

The market for dry and problem skin products has maintained healthy growth over the

Continued on P26 ►



The E45 range has been relaunched in new packaging to highlight the brand's dermatological credentials. The brand will be supported by a consumer press campaign.

If there is no adverse reaction after 24 hours, use as directed.

Once an acceptable moisturising product has been found it should be applied as often as necessary to keep skin supple. The best time to apply a moisturiser is after a bath or shower, when the skin has been patted dry. The following is a guide for a daily routine to treat dry skin:

- take a tepid bath with an emollient bath oil added
- use a soap substitute, or mild perfume-free soap for washing
- pat skin dry with a soft towel
- while skin is still slightly moist, apply chosen emollient to skin
- reapply emollient as necessary.



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# Facts & Figures

Sector	Value	Share	Growth
Moisturisers	\$124.9m	29.3%	14.5%
Cleansers	\$106.6m	25%	2.4%
Toners	\$12.7m	3%	-7.6%
Gen. purpose	\$93.3m	21.9%	20.9%
Handcare	\$38m	8.9%	19.6%
Babycare	\$30.7m	7.2%	4.9%
Lipcare	\$14.3m	3.4%	15.5%
Petroleum jelly	\$0.51m	1.2%	4%
Total	\$425.8m	-	11.3%

(Source: TN AGB Superpanel year ending 15/12/96)

## Continued from P25

last year and looks set to expand further. Beiersdorf has just launched Eucerin, a new range of products for problem dry skin based on the ingredient urea. The number one dermatologist recommended brand in the USA, Eucerin is suitable for conditions including psoriasis and dermatitis. It is available as Eucerin 3 per cent urea lotion, 5 per cent urea cream and 10 per cent urea lotion. Eucerin Shower Therapy contains natural oils and lipids to rehydrate dry skin.

Crookes Healthcare has relaunched its E45 brand in new packaging to highlight its medical credentials.

## Mass vs premium

The mass market sector accounts for about 60 per cent of total facial skin care sales, valued at \$166.4m last year (IRI Infoscans). However,

growth has been slower than in the past few years – Mintel attributes this to the fact that there have been no new brand launches. The trend for technological advances in the premium sector to trickle down to the mass market is now much less marked, with mass market companies such as Beiersdorf and L'Oréal developing scientific advances of their own. Nivea Visage Optimale, for example, was the first skin care product to use a triple phase emulsion formulation.

## Distribution trends

Grocers continue to strengthen their share of the mass market sector and now account for 15 per cent of sales, compared with 10 per cent for independents. Boots still dominate the field with a 35.9 per cent share, while department stores are still the main outlet for premium brands, taking a 15 per cent share.

At Elida Fabergé, category manager for skin care Verity Mann has this advice on improving skin care sales in the pharmacy: "There is a perception that pharmacies must be more expensive than the big stores, but this simply isn't true. Independents need to emphasise this to consumers. We suggest they feature a skin care product every month, perhaps with a special offer, highlighting their competitive prices. The other area they could improve on is the speed at which they pick up on new product developments. Boots and gro-

cers are very quick at doing this, and independents need to make sure they keep up, especially if a product is being advertised."

She also suggests that pharmacies could make more of their advantage of being able to offer advice to customers. "The department stores have the advantage of trained sales consultants, but grocers will never be able to offer this service. But it is something that independent pharmacists could make more of."

# Acne attack

## What's new?

The medicated skin care market is currently worth \$48 million (IRI Infoscans) and is growing at around 14 per cent. A survey carried out by the Acne Support Group found that, on average, acne sufferers waited four and a half years before consulting their GP – before that, most will treat the condition themselves with OTC products, which shows how important the pharmacist is in helping to treat the condition.

While the chemically-based products such as Oxy and Clearasil lead the field, there has been an increasing interest in more natural alternatives. The most popular of these has been tea tree oil. It is useful in acne treatment because it contains a solvent which dissolves the pus, an antiseptic to kill bacteria and a fungicide. One reason for its popularity has been its lack of side effects. In some people, benzoyl peroxide treatments can cause flaking and irritation, and this is greatly reduced with tea tree oil. However, the natural treatment does take longer to work.

Another popular alternative has been Ketsugo, which is based on shark liver oil. Again, in trials the treatment proved an effective acne treatment without the side effects of dryness and irritation.

Smithkline Beecham's Oxy Daily Cleanser has been relaunched in a larger 150ml size with new packaging. The Oxy range is being promoted through a \$1m TV campaign this winter, which highlights the Oxy Sensitive brand, and press advertising in teen magazines throughout the year. Oxy claims 24 per cent of the medicated market.

Ketsugo acne treatment is now available in a gel format to make specific application easier. A new scalp treatment is also available.

Skin care experts Helen and Glenda Sher have set up a helpline for acne sufferers who are interested in finding out more about alternative ways of treating their condition. For advice and an information pack, sufferers can call The Sher System Acne Helpline on 0171 499 4022.

Almay has introduced the Clear Balance range, designed to help prevent spots, unclog pores and smooth rough skin. Containing salicylic acid to help unclog pores and speed up cell renewal, the anti-bacterial triclosan and vitamins, the range includes Clear Balance Pore Clarifying Cleanser and Solution plus a moisture lotion and cream.



Pond's cleansers benefit from moisturiser technology with the inclusion of AHAs



The Innoxia range has been relaunched with new formulations which include vitamins A, B5 and E



Oxy is being supported with a television campaign and press advertising in teenage magazines this year

# Pharmacists wooed for rival mum-to-be packs

First Essentials and Babydays UK are to launch rival mother-to-be packs for pharmacies.

First Essentials says it has enrolled more than 4,000 community pharmacies and multiples, including Moss and Hills. Its information and sampling scheme is supported by the National Pharmaceutical Association, which says pharmacists' response has been "overwhelming. It is one of the biggest responses the NPA has experienced for over ten years for this initiative."

The company is talking to a number of manufacturers, whose interest is said to be strong, and expects the scheme to be launched in early Spring. The pack will initially be restricted to 30 maternity unit locations involving about 750 community pharmacies. A trading agreement will be circulated

this month to pharmacies who have registered and who are located within the launch areas.

Arrangements will be made to extend the service each quarter and to contact the pharmacies involved.

First Essentials' pack will include advice for mothers, samples of beauty care products, such as skin care cream, disposable nappies for babies and baby toiletries.

It will not contain commercial weaning foods or infant formula.

Babydays is offering a similar pack. Linda Gold, a director of the company, co-founded First Essentials and left last December to join Babydays.

Ms Gold says just over 3,000 pharmacists have signed her company's scheme. Babydays will launch its packs nationwide on March 1 and says they will be available to 600,000 mothers-to-

be. It plans to distribute 50,000 packs per month.

Some pharmacists think that Babydays' scheme is also backed by the NPA because the company's registration form asks them to list their NPA membership number. C&D understands that the NPA this week wrote to Babydays to express its concern over this confusion.

Ms Gold stresses that the NPA is not involved. "If they [the pharmacists] give us their NPA membership number, it will make it easier for us to contact them if we need to. We can just call up their number on our computer."

Pharmacists are charged \$17.50 a year to cover Babydays' administration and distribution costs. First Essentials' scheme is free.

Both companies say their packs offer community pharmacies the chance to "keep" mothers-to-be as customers.

## Counselling for the commercial traveller

There are opportunities for pharmacies to offer travel advice to commercial companies who do not have an in-house occupational health department, suggests a travel health software supplier.

The *Times* recently reported that a trainee solicitor was suing her company for \$633,000 after contracting dysentery on an overseas business trip.

This might have been avoided if her company had obtained advice about travel health risks and counselling, comments Chris Dawson, Pro Choice Applications' marketing manager for Traveller travel health software.

## Fisons fined for plant accident

Fisons has been fined \$4,924 after it admitted that it failed to maintain properly a pressure system at its plant in Cheshire.

South Cheshire Magistrates Court heard that Kevin Bloor, an employee at the plant, was hit on the head by a clamp from a pressurised container. His injury was so severe that, eight months after the accident, he is still in a coma.

An investigation revealed that the nut and bolt holding the clamp and lid in place were badly worn.

## Glaxo appoints new chairman

Glaxo Wellcome will reshuffle its top posts on May 19 when Sir Colin Corness, its non-executive chairman, retires.

Sir Richard Sykes, Glaxo Wellcome's deputy chairman and chief of executive from May 19, will take on the dual roles of executive chairman and chief executive from May 19.

He will hold both posts until next year, when he is due to hand over the chief executive role to Sean Lance, currently managing director.

Mr Lance has been promoted, with immediate effect, to chief operating officer. He is responsible for Glaxo's worldwide operation.

Sir Roger Hlum, a non-execu-



Sir Richard Sykes

tive director, will be appointed deputy chairman when Sir Richard takes up his new post.

## Laughton loses the family touch

The Laughton Group's major shareholder, the Laughton family, has sold its controlling interest in part of the company to non-family directors and two financial institutions.

In a major shake-up of the group, which manufactures personal care brands, such as Lady Jayne, Manicare, Bebelles and Stratton, two separate companies will be formed. Laughton Trading will represent the trading companies – and the Laughton family will have a minority stake.

Laughton Trading's new owners will invest an unspecified amount to "pursue a wide number of growth opportunities", not only in the UK but also abroad.

Laughton Properties will take over the property portfolio and remains in family hands. There are plans to build new manufacturing facilities at a site in Birmingham.

The Laughton Group's turnover last year is estimated at about \$47 million.

## BUPA in high street rumour

BUPA, the UK's largest private healthcare company, is rumoured to be looking into opening its own high street stores. A marketing press report suggests that the shops would stock a range of healthcare products, such as skin care products, and services aimed at women. However, BUPA refuses to confirm or deny the rumour and says it is looking at a number of business opportunities.

## New number for Swains

Swains International has a new telephone number: 01485 536200 and fax number: 01485 536211.

## COMING EVENTS

### MONDAY, FEBRUARY 10

#### Eastbourne Branch, RPSGB

The Sara Hampson Room of the Eastbourne District General Hospital, 3pm. 'The Work of the Sussex Ambulance Service' by K Smith, Sussex Ambulance Service.

#### North Metro Branch, RPSGB

The School of Pharmacy, Brunswick Square, WC1, 7.30 for 8pm. 'Herbal Medicine' by Susan Strachan MNIH, Medical Herbalist.

### WEDNESDAY, FEBRUARY 12

#### Bath Branch, RPSGB

The Gainsborough Room, Pratts Hotel, Bath, 3pm. 'Enteral and Parenteral Nutrition' including tasting of sip feeds. Mary Byrne, Clinical Nutrition representative, Fresenius Pharma.

#### Hertford Branch, RPSGB

The Postgrad Medical Centre, QEII Hospital, Welwyn Garden City, 7.30 for 8pm. 'New Antipsychotics' by D Taylor, Chief pharmacist, Maudsley Hospital.

#### Bury Branch, RPSGB

The Broad Oak Suite, Fairfield Hospital, Bury, 3pm. 'Applications of Nutrition to Pharmacy' by Prof J W T Dickerson.

### THURSDAY, FEBRUARY 13

#### Glasgow and Lanarkshire Branch, RPSGB

The John Anderson Building, University of Strathclyde. 'The Todd Lecture' by Dr Gordon C Jefferson, former secretary RPSGB Scottish Department.

#### North Staffs Branch, RPSGB

The North Staffordshire Medical Institute, Hartshill, Stoke-on-Trent, 3pm. 'Sports Injuries' by Dr A B Ward, Consultant in rehabilitation medicine.

#### Fife Branch, RPSGB

Pitbauchie House Hotel, Dunfermline, 7.45pm. 'Advances in Cardiology' by Dr D C MacLeod, Consultant cardiologist, Queen Margaret Hospital, Dunfermline.

#### South Staffs Branch, RPSGB

The Swan Hotel, Lichfield, 7.30 for 8pm. 'Analgesia & Palliative Care' by Dr Marcus Smith.

# Unichem expands its financial services

Unichem is offering three new financial packages: a motor finance deal, banking advice and a tax and finance advice line.

A subsidised accountancy service is in the pipeline, although Unichem says it will take some time to develop.

The new packages, it says, are a response to demand from independent pharmacists.

Unichem's motor finance service has been arranged with Swan National, one of the UK's biggest car fleet operators. The service will enable customers to

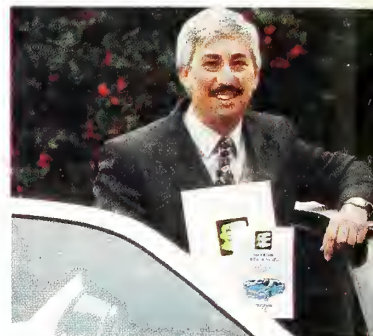
take advantage of large fleet discounts, whether the cars they order are for business or private use, according to Unichem.

Pharmacists and employees are being offered special rates, an initial deposit of 10 per cent, low repayments and a guaranteed resale value. Unichem says they will have the benefits of a company car, which is more tax efficient for business owners. It hopes that 8-9 per cent of its customers will take up the scheme.

The banking advice package involves Brossard de Bayle, a

team of former bankers, which will deal with any banking related matter. Brossard de Bayle will offer 15-20 minutes of free time to assess the problem, then they will charge a fixed fee of \$250 for five hours of advice (the bank specialists normally charge \$90 per hour).

Under the tax and finance advice scheme, Unichem will give its customers a plastic credit card with a phone number. UK 200, a group of chartered accountants, will provide the advice.



**Rob Andrews, Unichem's financial services manager, with a copy of its Motor Finance leaflet**

## Gold Standard row

**Solgar Vitamins is involved in a row with Holland & Barrett over the chain's Gold Standard range of supplements, launched last November, which Solgar claims looks too similar to its own Gold Label range.**

## Ban on offal in cosmetics

**The European Union is expected to ban cosmetic products that contain material taken from the brains, spinal cords and eyes of cows, sheep and goats, by June 30. The measure is designed to protect the health of consumers amid fears that BSE is linked with Creutzfeldt-Jakob disease, a brain disorder.**

## Roche looks to small buys

**Roche this week hinted that it wants to make a number of small acquisitions – not a huge bid. The news has dented long standing rumours that Roche is interested in acquiring Zeneca. As a result, compounded by sterling's strength against the dollar, Zeneca's shares slid 27.5p to 1,760p.**

## AAH to improve supply chain

AAH Pharmaceuticals has made several appointments to develop its supply chain.

The company has created a new post: supply chain manager, and appointed Robin Raymond, a former manager of its Swansea branch. He will look at new ways to develop AAH's supply chain. It will be investing more in information technology and it will collaborate closely with suppliers.

John Piper, formerly financial controller, has been appointed director of business systems development.

Mark James, finance director, has become operations director. He replaces Dennis Mellstrom, who has retired after spending 33 years with AAH.

● The company is rolling out nationwide its generics promotions scheme – Promocall – following a three month trial. AAH says its generic sales doubled in the first few weeks of the trial.

The company will appoint a generics buyer to cope with demand and it is considering launching an OTC version of Promocall next year.

## Colourcare rolls out digital imaging service

Colourcare will offer digital imaging services around the country next month.

It says the nationwide launch follows extensive research and trials carried out through selected dealers.

Digital imaging uses computers to change and improve photos. After scanning in a customer's print or negative, the

image is enhanced or manipulated and a new negative is produced. This negative can be printed on conventional photographic paper.

Colourcare, which handles photo processing for about 4,500 independent pharmacists, plans to invest \$10m by the end of the year on new equipment and technology.

## EU harmony for OTC markets is unlikely

Europe's OTC markets are unlikely to be harmonised before 2005, according to Datamonitor. The market researcher, in its latest report called 'OTC Distribution In Europe', says European markets have different registration requirements, manufacturers and products, variations in advertising restrictions and cultural factors.

While it concedes that a "mutual recognition process" has begun, which will eventually standardise pharmaceuticals in Europe, it claims the process is incapable of harmonising European self medication markets. A product approved for self medication in a sponsor country, for example, could be restricted to Prescription Only in other countries.

In most EU countries, pharmacies only are allowed to sell OTC pharmaceuticals. In Germany, some of these products, such as herbal brands, can be sold by non-pharmacy outlets.

'OTC Distribution In Europe', \$550, tel: 0171 625 8548.

### REGISTRATION FORM (COMPLETE CLEARLY IN BLOCK CAPITALS)

Fill in your name (as you wish it to appear on the CiCPM.)

Forename .....  
(all other initials as registered with the RPSGB or PSNI) .....

Surname .....

Registration No: RPSGB.....

PSNI:.....

Pharmacy address.....

County..... Postcode .....

Tel no.....

Fax number .....

E Mail.....

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Send cheques and forms to Sue Cheeseman/Claire Newman, Miller Freeman, Pharmacy Group Special Projects, Sovereign Way, Tonbridge, Kent TN9 1RW (tel 01732 364422).

Additional single module copies at £4.00 per module (plus VAT of £0.60), will be available only to Chemist & Druggist subscribers or registered Community Pharmacy readers from Miller Freeman (Full set £40.00 plus VAT of £5.96).

Have you completed a PMSI questionnaire in your name for your pharmacy?

If you can answer "Yes" and have returned the completed form to PMSI, do you wish to be entered for the prize draw where the first 100 names will have their part one fees paid by PMSI? Yes/ No (delete)

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#### How to register

The ten modules for the first half of the course will come free to UK pharmacies through either Chemist & Druggist or Community Pharmacy (see insert with this module in this issue for full details).

Pharmacists aiming to complete CiCPM must register with Miller Freeman and pay a fee of £100 to cover the first half of the course. (Registrants must subscribe to C&D or be on Community Pharmacy's mailing list.) The ten modules provide 50 hours of learning, or

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or Eves 0181 500 7246

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## APPOINTMENTS

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Free entries in "Business Link" (maximum 30 words) are restricted to community pharmacist subscribers to *Chemist & Druggist*. No trade advertisements will be permitted. Acceptance is at the discretion of the Publishers and depends upon space being available. Send proposed wording to "Business Link" using the form printed alongside.

To: Business Link, CHEMIST & DRUGGIST, Miller Freeman House, Sovereign Way, Tonbridge, Kent TN9 1RW.

PLEASE COMPLETE IN BLOCK CAPITALS

Surname .....

First names .....

Address .....

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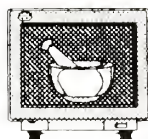
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*Please write or telephone:*

**Malcolm Bayly or Andrew Lane, Moss Chemists,  
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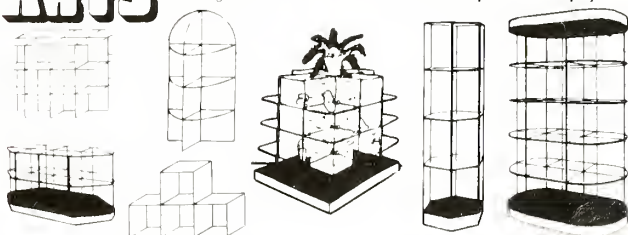
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£1250 + VAT

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# He's gotta lotta bottles!

Pharmacist Keith Walker is parting with a collection of pharmacy antiques, which, he says will be the sale of the decade. **John Plant** had an early viewing

Keith Walker is a man with a passion for collecting pharmaceutical relics and has been hunting them down for 20 years.

A methodical approach to running his pharmacy in Worthing, East Sussex, also shows in his collection.

It all started in a London market where he fell in love with and bought some six-sided poison bottles. He now owns 1,200 items.

There are few large collections of pharmacy antiques in the country. The best, he believes, is the Bridewell museum in Norwich. The Royal Pharmaceutical Society has a nice collection of drug jars from the 1800s, he says, and he also likes the Ironbridge museum, near Shrewsbury.

In his quest to catalogue his collection, Mr Walker found old *Chemist & Druggist* diaries, from the early part of the century, to be a great help. Most of

the pages carry advertising, which helps him identify objects and their origins.

Old Martindales are his most useful reference, he says. Old pharmacopoeias and the RPSGB library have also proved useful reference points.

His sources for the collection include markets, dealers, bottle fairs, pharmacist colleagues and fellow collectors. He often visits markets in London, such as Portobello market, Alfies antique market near Baker Street and Camden Passage market.

He owns an enormous variety of rounds, most of which are displayed in a polished 1930's drug run obtained from a pharmacy in Putney which closed in 1984.

The pharmacist owner had rung him one Saturday to tell him that the shop's lease expired the following Tuesday.

He recalls 'going back in time' when he entered the shop the following day. The till displayed in pounds, shillings and pence, and much of the fabric dated back to the 1930s, he says.

He picked up the drug run and spent the next six months sorting out its contents.

Boots used to have mountains of showcards and rounds, he says, but they were all destroyed in the 1960s with the introduction of pre-packs.

He deliberately chose to display a series of unusual rounds on his run. They include Pulv drac sang (dragon's blood powder, which was used by carpenters as a wood stain), Zingib (ginger), Pulv Cretae Aromat (aromatic chalk), Hyd-rarg Cret (mercury and chalk) and Quin Valerian (used



for making tonics containing quinine and valerian).

The way he found his ointment jars is typical of the coincidences which led to so many of his acquisitions.

His stocktaker had visited the New Forest and had come across a pharmacy with a large number of earthenware ointment jars.

The owner said that three-quarters of the jars were broken but that the rest were in good condition. Mr Walker popped into the pharmacy one weekend.

"It certainly was a red-letter day for me," he says. "I found 14 ointment jars in mint condition."

Three years ago, he came across a set of rare blue rounds in a similar way. A local decorator was working in a kitchen and saw some dust-covered bottles. He knew Mr Walker was a collector and put him and the owner in touch.

The bottles were filthy. But, when cleaned, the labelling revealed a set of upmarket rounds from the 1870s.

Mr Walker is selling his collection in June. Redevelopment of the area is forcing him to relocate his shop, and he no longer has room to house his antiques.

He plans to dispose of everything, bar his collection of inhalers, his most prized antiques.

Fellow enthusiasts agree his collection is something special.

"It's a wonderful collection. Everything is perfect and it reflects what the interior of a high-class pharmacy would have looked like," says the curator of the Society's museum, Caroline Reed.

"His collection is very good, with his forte being inhalers. Mr Walker is probably the world's foremost authority on antique pharmaceutical inhalers," says pharmaceutical antiques dealer Robin Wheeler.

"Mr Walker has picked up some items of rarity and good quality," says Alan Blakeman, owner of British Bottle Review auctioneers.

The buyers will probably be from the USA, Australia and New Zealand, but there will be some UK pharmacists with specialist collections bidding, according to the three experts.

Catalogues will be available from British Bottle Review auctioneers by telephoning 01226 745156.



# PIANA Pharmacy In A New Age

**A Conference on putting  
Pharmacy First in Customer  
Healthcare**

**February 27th & 28th 1997  
Royal Pharmaceutical Society,  
Lambeth, London**

**Pharmacy has set itself an agenda for change which involves forging better working relationships with other health professions and the pharmaceutical industry to provide the best in customer healthcare. Sixteen leading speakers will chart progress, debate the issues and set shared goals while parallel workshops will give industry a chance for a personal but private view from leading pharmacists.**

## THURSDAY, FEBRUARY 27

**9.00 - 9.30** Registration  
**9.30 - 9.35** Conference opens  
chairman John Skelton  
**9.35 - 9.40** First session opens  
chairman, C&D editor Patrick Grice  
**9.40 - 10.05**  
John D'Arcy — The new age as we see it  
**10.05 - 10.30**  
John D'Arcy — The new age in practice  
**10.30 - 10.55** Wally Dove  
The new age; for love or money  
**10.55 - 11.10** Question time  
**11.10 - 11.30** Coffee  
**11.30 - 11.55** Terry Maguire  
The new age; a view from across  
the water  
**11.55 - 12.20** Graham Phillips  
Playing PIANA my way  
**12.20 - 12.30** Question time  
**LUNCH 12.30 - 14.00**

## AFTERNOON SESSION

**14.00 - 14.05** Conference chairman  
— John Skelton  
**14.05 - 14.10** Second session opens  
— chairman Dr Patrick Kerrigan, Pulse  
**14.10 - 14.35** Sue Thomas — Can  
pharmacists and nurses make care better?  
**14.35 - 15.00** George Ray  
— Sourcing the right medicines for patients  
**15.00 - 15.25** Guy Howland — The  
patients' perspective on pharmacy and its  
fellow health professionals  
**15.25 - 15.35** Question time  
**15.35 - 15.50** Tea  
**15.50 - 16.15** Alaster Rutherford  
— Taking 'local' medicines professionally  
**16.15 - 16.40** Peter Curphey  
— Pharmacy in local practice  
**16.40 - 16.55** Question time  
**16.55 - 17.00**  
Session chairman closes  
**Dinner 7 for 7.30pm**  
Royal Pharmaceutical Society

## FRIDAY, FEBRUARY 28

**9.00-9.30** Registration  
**9.30 - 9.40** Third session opens  
— chairman John Skelton  
**9.40 - 10.05** Michael Bailey  
— Pharmacists; ethical agents for change  
**10.05 - 10.30** Paul Stanton  
— Professional business OTC  
**10.30 - 10.55** Terry Norris  
— Wholesaling; providing the vital link  
**10.55 - 11.10** Question time  
**11.10 - 11.25** Coffee  
**11.25 - 11.50** Sheila Kelly  
— OTC medicines; everyday cures for the  
common man  
**11.50 - 12.15** Ian Carruthers  
— Dealing in health  
**12.15 - 12.40** Ian Caldwell —  
Ways forward in partnership;  
the president's view  
**12.40 - 12.55** Questions  
**12.55 - 1.00** Chair closes  
**LUNCH 13.00 - 14.30**  
**Workshops 14.30 - 17.00**

## Registration form

Please copy this form for any colleagues who may attend

Mr/Mrs/Ms \_\_\_\_\_  
First Name \_\_\_\_\_  
Surname \_\_\_\_\_  
Position \_\_\_\_\_  
Company \_\_\_\_\_  
Nature of business \_\_\_\_\_  
Address \_\_\_\_\_  
Postcode \_\_\_\_\_  
Telephone \_\_\_\_\_  
Fax \_\_\_\_\_  
Signature \_\_\_\_\_  
Date \_\_\_\_\_

2 days including lunches & dinner  
£625.00 (plus VAT) Total £734.38 £.....  
First day including lunch  
£475.00 (plus VAT) Total £558.13 £.....  
First day including lunch & dinner  
£525.00 (plus VAT) Total £612.88 £.....  
Second day including lunch  
£325.00 (plus VAT) Total £381.88 £.....  
Dinner only  
£75.00 (plus VAT) Total £88.13 £.....  
Total value of cheque enclosed £.....

## Payment

I enclose a cheque made payable to Miller Freeman plc  
£..... (including VAT)  
Please debit my Credit Card for £..... (inc VAT)  
(Tick appropriate box)  
Access ☐ Visa ☐ Amex ☐ Diners ☐  
Card No \_\_\_\_\_  
Expiry date \_\_\_\_\_  
Name on card \_\_\_\_\_  
Signature \_\_\_\_\_  
Date \_\_\_\_\_

**Date:** Feb 27 - 28, 1997

**Venue:** Royal Pharmaceutical Society,  
Lambeth High Street, London SE1 7JN  
**Fee:** £625.00 (Plus VAT)  
**TOTAL** £734.38 per delegate

## How to book:

Post the completed form together with  
your cheque made payable to  
Miller Freeman plc to:  
Cynthia Anderson Doble  
Pharmacy Special Projects  
Miller Freeman plc, Miller Freeman House,  
Overseas Way, Tonbridge TN9 1RW  
Telephone on 01732 364422 ext 2269  
to reserve your place.  
Fax the completed form to

01732 361534 to secure your place and  
then post a copy of the form together with  
your cheque.  
If sending a cheque under a separate  
cover please mark it clearly with  
delegate's name.

## Booking conditions

### 1. Confirmation.

A letter will be sent on receipt of booking.

### 2. Cancellation.

If you cancel after February 12 there will  
be no refund of your conference fee; if  
before there will be a cancellation fee of  
£125.00 plus VAT. Substitutes are allowed  
at any time providing we have written  
advice. It may be necessary for reasons

beyond the control of the organisers to  
alter the content or timings.

### 3. Accommodation.

There are a limited number of hotel rooms  
at the nearby Novotel and The Royal  
Westminster Hotel available for the  
February 26-27. If you would like to take  
advantage of the special rates available  
let us know and we can reserve a place for  
you. You must settle your own account.

### 4. Workshops.

Would you like to take part in the  
workshops - each session lasts 2 hours -  
and costs £1,250.00 for six company  
delegates?  
Contact Cynthia Anderson Doble  
at Miller Freeman plc.

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